

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 21 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000011757

1. Corporation Name

THOMAS D. BROWN, M.D., P.A.

2. Principal Office Address

106 Medical Center Drive

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32405

Country

USA

3. Mailing Office Address

106 Medical Center Drive

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32405

Country

USA

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/31/01

5. FEI Number

59-3696626

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas D. Brown, M.D.

Street Address (P.O. Box Number is Not Acceptable)

106 Medical Center Drive

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32405

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/14/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Thomas D. Brown, M.D.	106 Medical Center Drive	Panama City, FL 32405

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Thomas D. Brown, M.D.

10/14/03

850-873-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

7/10/23

THOMAS D. BROWN, M.D., P.A.
106 Medical Center Drive
Panama City, FL 32405
Phone: (850) 873-6900

October 14, 2003

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32301

RE: Thomas D. Brown, M.D., P.A.
Document #P01000011757

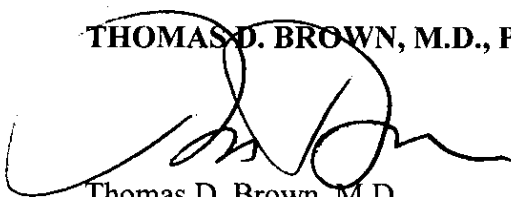
Dear Clerk:

Please be advised that the original 2003 Uniform Business Report for Thomas D. Brown, M.D., P.A., was never received by our office. As a result of the non-filing of the UBR, the corporation was administratively dissolved on September 19, 2003. I am hereby requesting the State to waive the penalty fee due for filing a reinstatement, due to my failure to receive the original UBR.

Enclosed you will find an original application for Reinstatement of the corporation with the Secretary of State, together with a check in the amount of \$150.00, made payable to the Department of State, for the required filing fee. Please see that this application is filed as soon as reasonably possible. If any addition information or funds are needed in order to process this request, please contact me immediately.

Very truly yours,

THOMAS D. BROWN, M.D., P.A.



Thomas D. Brown, M.D.
President

/clg
Enclosures