

PS 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JUL -1 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000021209

**1. Corporation Name**

ANDREA WOODS, M.D., P.A.

**2. Principal Office Address**

1099-5<sup>TH</sup> AVE. NO.

Suite, Apt. #, etc.

SUITE 170

City & State

ST. PETERSBURG, FL

Zip

33705

Country

USA

**3. Mailing Office Address**

1099-5<sup>TH</sup> AVE. NO.

Suite, Apt. #, etc.

SUITE 170

City & State

ST. PETERSBURG, FL

Zip

33705

Country

USA

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

02-27-2001

**5. FEI Number**

59-3699189

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

ANDREA WOODS, M.D.

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

1099-5<sup>TH</sup> AVE. NO.

Suite, Apt. #, Etc.

SUITE 170

City

ST. PETERSBURG

State

FL

Zip Code

33705

**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

*Andrea Woods*  
REGISTERED AGENT MUST SIGN

Date

6/29/05

**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/S/D	ANDREA WOODS, M.D.	1099-5 <sup>TH</sup> AVE. NO.	ST. PETERSBURG, FL 33705

500056908005

07/01/05--01047--004 \*\*450.00

**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:

*Andrea Woods*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREA WOODS

Date

6/29/05

Daytime Phone #

CR2E081 (01/05)

B 202

**Andrea C. Woods, M.D. PA**  
**1099 – 5<sup>th</sup> Avenue North, Suite 170 St. Petersburg, FL 33705**  
**727-820-7870 (Ofc) 727-820-7871 (Fax)**  
**e-mail berwoodsofc@tampabay.rr.com**

June 29, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

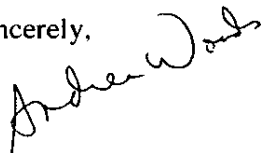
Re: Reinstatement of Andrea Woods, M.D., P.A. (Document # P01000021209)

I am requesting to reinstate my P.A. Corporation. I find that it was dissolved on September 19, 2003 for failure of filing my annual report. I moved my office location in 2003 and never received any notice and was unaware that I needed to file a report. I did not get any notice letting me know of the dissolution. Therefore I am requesting that all fees be waived and my reinstatement be considered for the \$150.00 per year (2003, 2004, 2005) for the amount of \$450.00. A check and the appropriate form for reinstatement are enclosed.

The Document # is P01000021209 and EIN# 59-3699189.

Please let me know if you have any questions regarding my request.

Sincerely,



Andrea Woods, M.D.