

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 18 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000038906

1. Corporation Name

John A. WALSH, M.D., P.A.

REINSTATEMENT

2. Principal Office Address

530 ZEAGLER DRIVE

Suite, Apt. #, etc.

SUITE A

City & State

PALATKA, Florida

Zip

32177

Country

PUTNAM

3. Mailing Office Address

530 ZEAGLER DRIVE

Suite, Apt. #, etc.

SUITE A

City & State

PALATKA, Florida

Zip

32177

Country

PUTNAM

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

April 17, 2001

5. FEI Number

65-1093411

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

John A. Walsh, M.D.

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

530 ZEAGLER DRIVE

Suite, Apt. #, Etc.

SUITE A

City

PALATKA

State

FL

Zip Code

32177

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

John A. Walsh, M.D.

Date

12/3/03

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>John A. Walsh, M.D.</u>	<u>530 ZEAGLER DRIVE SUITE A</u>	<u>PALATKA, Florida 32177</u>

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:

John A. Walsh, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/3/03

Daytime Phone #

386 3280245

CR-2081 (10/02)