

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 29 AM 10:12

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6/9/03 90111 005 150.00

REINSTATEMENT 03-04

DOCUMENT # P01000047819

1. Corporation Name

DERMATOLOGY ASSOCIATES OF SOUTHWEST FLORIDA, P.A.

2. Principal Office Address

7310 College Parkway
Suite, Apt. #, etc.

3. Mailing Office Address

7310 College Parkway
Suite, Apt. #, etc.

City & State

Fort Myers, Florida

Zip

33907

Country

Lee

City & State

Fort Myers, Florida

Zip

33907

Country

Lee

4. Date Incorporated or Qualified
To Do Business in Florida

06-26-03

5. FEI Number

20-0061044

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

Jeffrey N. Martin

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

7310 College Parkway

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33907

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

Jeffrey N. Martin

REGISTERED AGENT MUST SIGN

Date 03/16/04

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	Jeffrey N. Martin, D.O.	7310 College Parkway	Fort Myers, Fl. 33907
V	Jeffrey N. Martin, D.O.	7310 College Parkway	Fort Myers, Fl. 33907
ST	Jeffrey N. Martin, D.O.	7310 College Parkway	Fort Myers, Fl. 33907

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:

Jeffrey N. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/04 239-768-6100

Date

Daytime Phone #

3/29 aw

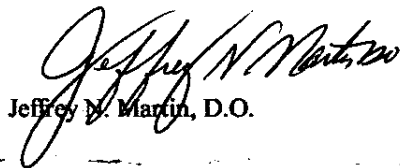
March 16, 2004

Department of State
Division of Corporations
Attn: Andy Dunlap
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir,

As per your direction, this letter is for Corporation Reinstatement for Dermatology Associates of Southwest Florida P.A. The 2003 AR was filed on April 30, 2003 with check # 6179 and the FEI # 20-0061004 was filed on June 26, 2003. Inadvertently this was placed on the inactive list rather than the active. Please make the necessary adjustments for the AR for Dermatology Associates of Southwest Florida, P. A.

Sincerely,



Jeffrey N. Martin, D.O.