

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 13 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000065738

1. Corporation Name

Gaines C. Martin, M.D., PH.D., P.A.

2. Principal Office Address - No P.O. Box #

768 ARRAN COURT

Suite, Apt. #, etc.

City & State

ORANGE PARK

Zip
32073

Country
USA

3. Mailing Office Address

768 ARRAN COURT

Suite, Apt. #, etc.

City & State

ORANGE PARK

Zip
32073

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/2001

5. FEI Number

800103039828
05/22/07--01051--008 **300.00

☒ 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
Gaines C. Martin, M.D., PH.D., P.A.

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

768 ARRAN COURT

Suite, Apt. #, Etc.

City
ORANGE PARK

State
FL

Zip Code
32073

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

4/18/07

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/D	Gaines C. Martin	768 ARRAN COURT	ORANGE PARK, FL 32073

800103039828
07/03/07--01050--021 **500.00

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/07

Daytime Phone #

(904) 779-9300

4/6/13