

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000082525

1. Corporation Name

CHRISTOPHER M. WEISS, M.D., P.A.

Principal Place of Business

2004 W THONOTOSASSA
#102
PLANT CITY FL 33563

Mailing Address

2004 W THONOTOSASSA
#102
PLANT CITY FL 33563

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2004 W Thonotosassa Rd
Suite, Apt. #, etc.

Suite 102

Plant City, FL

Zip 33563

Country USA

3. New Mailing Office Address, If Applicable

2004 W Thonotosassa Rd
Suite, Apt. #, etc.

Suite 102

Plant City, FL

Zip 33563

Country USA

REINSTATEMENT



600023900236

10/17/03--01033--016 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/2001

5. FEI Number

59-3739017

Applied For

Not-Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WEISS, CHRISTOPHER M MD	2715 FOREST CLUB DRIVE	PLANT CITY FL 33567

8. Name and Address of Current Registered Agent

WEISS, CHRISTOPHER M MD
2715 FOREST CLUB DRIVE
PLANT CITY FL 33567-7203

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



Christopher M. Weiss, M.D.

General and Oncologic Surgery • Diplomate American Board of Surgery

October 14, 2003

Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Re: Dr. Christopher M. Weiss
Doc#: P0100082525

Dear Madam / Sir:

Per my conversation with your representative, please find a check for \$150.00. To the best of my knowledge, we did not receive the original application. Also enclosed is the application for reinstatement.

Please call or write should you have any questions / comments.

Sincerely,

Kevin Agosto
Office Manager

2004 West Thonotosassa Rd., Suite 102
Plant City, Florida 33566
813-759-0757 • 813-759-0737 Fax