

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 12 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000594940
1. Corporation Name
Key West Medical Group, P.A.

2. Principal Office Address - No P.O. Box #
1111 12th Street

3. Mailing Office Address
1111 12th Street

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.
210

City & State
Key West, FL

City & State
Key West, FL

Zip
33040

Country
United States

Zip
33040

Country
United States

W07000042870
REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **09/24/2001**

5. FE Number
651140859

☒ 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
The Andersen Firm, A Professional Corporation

Street Address (P.O. Box Number is Not Acceptable)
1010 Kennedy Drive

Suite, Apt. #, Etc.
201

City
Key West

State
FL

Zip Code
33040

☒ 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

William E. Quinn
REGISTERED AGENT MUST SIGN

Date **8/22/07**

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
D	John F. Calleja	1111 12th Street, Suite 210	Key West, FL 33040

200109702572
09/20/07--01027--015 **750.00

REINSTATEMENT 03-07

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:

John F. Calleja JOHN F. CALLEJA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-296-2414

8/16/07

Daytime Phone #

SEP 12 2007