

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 22 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100304

1. Corporation Name

EVA LAUKHUF MEDICAL P.A.

1810 59th St., W

1810 59th St., W.

2. Principal Office Address

~~2221 59th Street W.~~

3. Mailing Office Address

~~2221 59th Street W.~~

Suite, Apt. #, etc.

~~Suite 2000~~

Suite, Apt. #, etc.

~~Suite 2000~~

City & State

Bradenton, Florida

City & State

Bradenton, Florida

Zip

34209

Country

USA

Zip

34209

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/01

5. FEI Number

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

Lori M. Dorman

Hamrick, Perrey, Quinlan & Smith, P.A.

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

601 12th Street West

Suite, Apt. #, Etc.

n/a

City

Bradenton

State

FL

Zip Code

34206

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

Lori M. Dorman

Date

5.20.03

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
<i>President</i>	<i>Dean Laukhuf</i>	1810 59 th St., W. 2221 59th Street West Ste 2000	Bradenton, FL 34209

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05/22/03--01067--006 **900.00

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 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:

Dean Laukhuf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/03

Date

Daytime Phone #

(941) 792-8970

CR2E081 (10/02)