

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 12 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000102612

1. Corporation Name

Kelvin W. Gorrell M.D., P.A.

6103 Saint Remy Way
6103 Saint Remy Way

2. Principal Office Address

6103 Saint Remy Way

Suite, Apt. #, etc.

3. Mailing Office Address

6103 Saint Remy Way

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Lutz, FL

Zip

33558

Country

Hillsborough

Zip

33558

Country

Hillsborough

**4. Date Incorporated or Qualified
To Do Business in Florida 10/23/2001**

5. FEI Number
600000515

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

Dr. Kelvin W Gorrell

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

6103 Saint Remy Way

Suite, Apt. #, Etc.

City

Lutz,

State

FL

Zip Code

33558

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

[Signature]

Date

10/6/04

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
Preside	Dr. Kelvin W Gorrell	6103 Saint Remy Way	Lutz, FL 33558

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/6/04

Daytime Phone #

CR2E081 (01/04)

2042

October 6, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of my corporation
Kelvin W. Gorrell M.D., PA
6103 Saint Remy Way
Lutz, FL 33558

Dear Sir:

Please find a check enclosed for \$300.00. This represents the regular fees for the past two years. Over the past twenty-four months, my fiancée was very ill with cancer and I had to take care of her. She lives with me along with her five children. Between working 60 hours a week and her illness, I missed sending in the first report. For a while I did not check my post office box and due to inactivity the box was closed. None of the reminders were received by me and most likely they were returned back to the state. And before I realized it, my corporation was dissolved.

I apologize for being so late in taking care of this. I hope that you will be merciful and abate the late filing penalties. If this is not possible, please bill me for the balance, as I need to keep the corporation. Financially, it has been difficult for me since I have paid for many of my fiancée medical bills and I also provided support for her five children.

Whatever you can do will be deeply appreciated.

Sincerely,



Dr. Kelvin W. Gorrell