

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 13 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108407

1. Corporation Name

SUNQUEST PARTNERS OF SOUTHWEST FLORIDA, INC.

2. Principal Office Address

1720 Alta Vista Street

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34236

Country

USA

3. Mailing Office Address

1720 Alta Vista Street

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34236

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/7/01

5. FEI Number

65-1152790

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

Scott W. Dunlap, Esq.

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

22 South Links Avenue

Suite, Apt. #, Etc.

Suite 300

City

Sarasota

State

FL

Zip Code

34236

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 6/12/03

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	Thomas E. Mourad	1720 Alta Vista Street	Sarasota, FL 34236

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Mourad, President

Date

6/12/03 941 364 5653

Daytime Phone #

CR2E081 (10/02)

2012

SunQuest Partners of Southwest Florida, Inc.
1720 Alta Vista Street
Sarasota, FL 34236

June 11, 2003

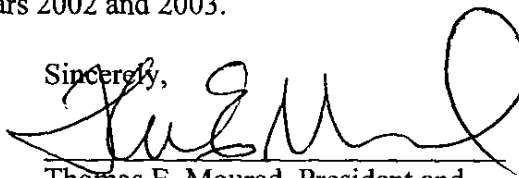
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: SunQuest Partners of Southwest Florida, Inc./Reinstatement

Dear Sir/Madam:

Please accept this correspondence as a written request to waive the reinstatement fees/penalties relating to the above-referenced entity. The address the State utilized to mail the Uniform Business Reports for 2002 and 2003 was incorrect. The correct zip code should have been 34236. In that regard, I never received either the 2002 or 2003 Uniform Business Reports. Please waive any late penalties and filing fees concerning this reinstatement. I am **enclosing** a check in the amount of \$300.00 made payable to your agency for the regular filing fees for calendar years 2002 and 2003.

Sincerely,



Thomas E. Mourad, President and
Director