

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 30 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000001354

1. Corporation Name

EMERALD COAST FOOT AND ANKLE CLINIC, P. A.

REINSTATEMENT 03-04

2. Principal Office Address

7720 US Highway 98 West

3. Mailing Office Address

7720 US Highway 98 West

Suite, Apt. #, etc.

Suite 340

Suite, Apt. #, etc.

Suite 340

City & State

Destin

City & State

Destin

Zip

FL

Country

32550

Zip

FL

Country

32550

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/2002

5. FEI Number

01-0570888

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

500028153845
02/03/04--01060--009 **150.00

7. Name and Address of Current Registered Agent

Name

M. Todd Burke, Esq.

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

215 Grand Boulevard

Suite, Apt. #, Etc.

Suite 101

City

Destin

State

FL

Zip Code

32550

500028153845
03/31/04 01070 003 **150.00

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

Date

01/29/04

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
P	BROOKS, PAUL D.	7720 US HWY 98 WEST, STE 340	DESTIN, FL 32550
S	SNELLGROVE, JON A.	7720 US HWY 98 WEST, SUITE 340	DESTIN, FL 32550

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

Date

Daytime Phone #

1-29-04

CR25081 (10/02)

FOOT CLINIC OF DESTIN
7720 US HIGHWAY 98 WEST
SUITE 340
DESTIN, FL 32550

December 16, 2003

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

Re: Emerald Coast Foot and Ankle Clinic, P. A.
Document Number P02000001354

Dear Sir or Madam:

Enclosed please find the Corporation Reinstatement form which we have completed and signed, as well as our check in the amount of \$150.00 to cover the cost of reinstatement. We did not receive our annual report form for the year 2003. If you will look at the information on the website printout which is enclosed, you list our address as 7800 U.S. Highway West, Destin, Florida 32550. There is no highway number. Also, you listed our registered agent's address as the same, although it was not the same address given in the Articles of Incorporation, a copy of which is attached.

Please let us know if you need anything further.

Sincerely yours,



Paul D. Brooks
President



Jon A. Snellgrove
Secretary

PDB&JAS/lkm

Enclosures