

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000011682

1. Corporation Name

ORLON V. CARR III, M.D. P.A.

Principal Place of Business

210 JUPITER LAKES BLVD STE 105 B-4000
JUPITER FL 33458

Mailing Address

210 JUPITER LAKES BLVD STE 105 B-4000
JUPITER FL 33458

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/2002

5. FEI Number

65-1154074

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CARR, ORLON V III	210 JUPITER LAKES BLVD STE 105 B	JUPITER FL 33458

TS

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

CARR, ORLON V
210 JUPITER LAKES BLVD STE 105 B-4000
JUPITER FL 33458

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

X *Orlon V Carr III*
REGISTERED AGENT MUST SIGN

Date

X 10-9-03

11. 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: X

Orlon V Carr III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 10-9-03

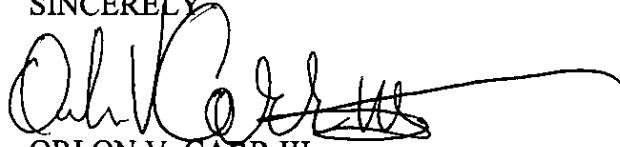
CR20040 (7/03)

Page 2

TO FLORIDA DEPARTMENT OF STATE
FROM ORLON V. CARR III
210 JUPITER LAKES BLVD
BLD 4000-105
JUPITER, FL 33458
DOCUMENT#P02000011682

TO WHOM IT MAY CONCERN
WE DID NOT RECEIVED THE THE REJECTION LETTER SENT TO US ON
AUGUST 6TH.
DO NOT DISSOLVE THIS CORPORATION PLEASE.

SINCERELY



ORLON V. CARR III