

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P02000042442

1. Corporation Name

Scola Podiatry, P.A.

2. Principal Office Address - No P.O. Box #

2005 9905 NW 21st Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

FL

Zip

32606

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

04/19/02

5. FEI Number

043645824

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 Jere Scola

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

2205 NW 40th Terrace

Suite, Apt. #, Etc.

City

Kenneth Gainesville

State

FL

Zip Code

32605

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

4/25/07

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
President	Jere Scola	9905 NW 21st Ave	Gainesville FL 32606

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 contained in Chapter 119, 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:

Jere Scola

4/26/07

352 219 3816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
07 APR 30 AM 10:41

FILED
TALLAHASSEE, FLORIDA

500103199245
05/24/07--01027--022 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

To Whom it may concern:

I didn't realize that my corporation had missed payment of my Docs since I recieved no notification of renewal. I currently have a new address 9905 NW 21st ave and have been at this address 3yrs. To the best of my knowledge I informed you of my address change but since there were so many people I had to notify I am unsure if your department was notified. I ask for waiver of reinstatement due to lack of notification. If you have concerns or more questions feel free to notify me at 352 264 0094

Sincerely

John A. ~~Sullivan~~