

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JAN -6 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PD2000045414**

**1. Corporation Name**

**Coast Dermatology and Skin Cancer Center, PA.**

**W05-55466**

**2. Principal Office Address**

**4130 Woodmere Park Blvd**

Suite, Apt. #, etc.

**12**

City & State

**Venice Florida**

Zip

**33293**

Country

**USA**

**3. Mailing Office Address**

**4130 Woodmere Park Blvd**

Suite, Apt. #, etc.

**12**

City & State

**Venice Florida**

Zip

**33293**

Country

**USA**

**REINSTATEMENT 03-06**

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

**4-25-02**

**5. FEI Number**

**04-3167022**

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

**Elizabeth Neily**

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

**7348 Palomino Trail**

Suite, Apt. #, Etc.

City

**Sarasota**

State  
**FL**

Zip Code

**34241**

**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

**E. Neily**

Date

**12-13-05**

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
PTSV D	John Gregory Neily	7348 Palomino Trail	Sarasota FL 34241

**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 #



**J. Gregory Neily, D.O.**  
*Board Certified Dermatologist*  
*Mohs Micrographic Surgeon*

4130 Woodmere Park Blvd  
Suite 12  
Venice, Florida 34293  
(941) 493-7400  
Fax: (941) 493-1940  
[www.drneily.com](http://www.drneily.com)

Diseases and Surgery  
of the Skin

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Mohs Micrographic Surgery

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Digital Mole Imaging

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Varicose and Spider Vein  
Treatment

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Laser Therapy

•

Botox and Collagen

•

Skin Peels

## Coast Dermatology & Skin Cancer Center

262

Dept. of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Corporation Reinstatement Fee Waiver  
Document# P02000045414

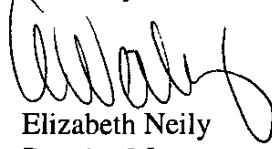
To Whom It May Concern:

It has been brought to our attention that our corporation of Coast Dermatology and Skin Cancer Center PA established in 2002 was never renewed. At the time, the address on file was a residential address while we were acquiring a medical building to lease for our office. After we had moved into our new office, the state's renewal application was sent to the old address and our forwarding time had since expired. We never received any of these notices.

We ask that you please waive the \$600.00 reinstatement fee and accept our check of \$450.00 for the 3 year renewal charges plus an \$8.75 fee for copy of the reinstatement.

Please note the new address on the reinstatement form and send any correspondence to this location in the future. Thank you for your understanding.

Sincerely,

  
Elizabeth Neily  
Practice Manager