

W05000002595

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 27 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000048628

1. Corporation Name

TAMPA ENT SPECIALISTS INC.

2. Principal Office Address

3224 Henderson Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33609

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 2, 2002

5. FEI Number

30-067257

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

Edward B. KAMPSEN, M.D.

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

3224 Henderson Blvd

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33609

100046019011

02/04/05--01015--006 **310.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/10/05

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
D	Edward B. KAMPSEN	3224 Henderson Blvd	TAMPA, FL 33609

200044634342

01/12/05--01047--005 **750.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05

Date

813-872-2685

Daytime Phone #

CR2E081 (01/05)