

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000067580**

1. Corporation Name

MARK H. MONTGOMERY, M.D., P.A.

Principal Place of Business

Mailing Address

9240 BONITA BEACH ROAD STE 1106
BONITA SPRINGS FL 34135

9240 BONITA BEACH ROAD STE 1106
BONITA SPRINGS FL 34135

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/2002

5. FEI Number

01-0726435

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
(President)	Mark H. Montgomery	9240 Bonita Beach Rd, Ste 1106	Bonita Springs, FL 34135

500023870875
10/17/03--01019--025 **150.00

8. Name and Address of Current Registered Agent

MONTGOMERY, MARK H
15667 VILLORESI WAY
NAPLES FL 34110

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

Mark H. Montgomery

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark H. Montgomery
Mark H. Montgomery

10/9/03
Date

239-495-6200
Daytime Phone #



MARK H. MONTGOMERY, M.D., F.A.C.S.

Board Certified - American Board of Otolaryngology

October 10, 2003

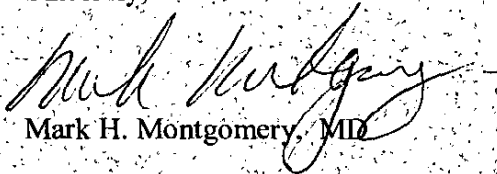
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

Dear Sirs;

I have received a dissolution notice from your department. Unfortunately, I never received any prior annual report forms for my corporation. Please find enclosed the report form (UBR notice) and the \$150 filing fee.

Thankyou.

Sincerely,



Mark H. Montgomery, MD