PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
03 OCT 17 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REINSTATEMENT 03

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
(P 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

CR2E040 (7/03)

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 — Date: 10/9/03
REGISTERED AGENT MUST SIGN

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: Mark H. Montgomery — 10/9/03 — 239-495-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARK H. MONTGOMERY, M.D., F.A.C.S.
Board Certified - American Board of Otolaryngology

Ocotber 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

SUNSHINE PROFESSIONAL BUILDING
9240 Bonita Beach Road, Suite 1106 • Bonita Springs, Florida 34135
Phone 239.495.6200 • Fax 239.495.6247