

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -5 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000070804

**1. Corporation Name**

Mark Cheek, M.D., P.A.

**REINSTATEMENT** 03

100025259461  
12/05/03--01053--021 \*\*750.00

**2. Principal Office Address**

7623 Dunbridge Drive

Suite, Apt. #, etc.

City & State

Odessa, Florida

Zip

33556

Country

U.S.A.

**3. Mailing Office Address**

7623 Dunbridge Drive

Suite, Apt. #, etc.

City & State

Odessa, Florida

Zip

33556

Country

U.S.A.

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

June 26, 2002

**5. FEI Number**

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

Ronald A. Christaldi

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

101 East Kennedy Boulevard

Suite, Apt. #, Etc.

Suite 3400

City

Tampa

State

FL

Zip Code

33602

**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

*Ronald A. Christaldi*

REGISTERED AGENT MUST SIGN

Date 12/2/03

**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
P, D	Mark Cheek, M.D.	7623 Dunbridge Drive	Odessa, Florida 33556

**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:** Mark Cheek, M.D., Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 862-5478

CR2E081 (10/02)