

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 19 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000076168

1. Corporation Name

Timothy L. Schneider, M.D., P?A.

700025070137
11/26/03--01040--019 **750.00

2. Principal Office Address

2730 Isabella Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32250

Country

USA

3. Mailing Office Address

2730 Isabella Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip

32250

Country

USA

REINSTATEMENT 03

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

07/12/2002

5. FEI Number

03-0473934

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

David H. McQuaig

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

4745 Sutton Park Court

Suite, Apt. #, Etc.

Suite 103

City

Jacksonville

State

FL

Zip Code

32224

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

David H. McQuaig
REGISTERED AGENT MUST SIGN

Date

11/18/03

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
D/P/S/T	Timothy L. Schneider	2730 Isabella Blvd.	Jacksonville Beach, FL 32250

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:

Timothy L. Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy L.
Schneider

Date

11/17/03 (904)476-4350

Daytime Phone #

CR2E081 (10/02)