

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

04 SEP 10 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000076570**

1. Corporation Name

DWELVIN L. SIMMONS, M.D., P.A.

Principal Place of Business

Mailing Address

**3539 UNIVERSITY BLVD. SOUTH
SUITE 1000
JACKSONVILLE FL 32216**

**7632 WEXFORD CLUB DRIVE WEST
JACKSONVILLE FL 32256**

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

07/12/2002

5. FEI Number

16-1616555

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
D	SIMMONS, DWELVIN L	7632 WEXFORD CLUB DRIVE WEST	JACKSONVILLE FL 32256

900040969149

09/10/04--01052-018 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**STONEBURNER, GRESHAM R
ONE INDEPENDENT DRIVE
SUITE 2000
JACKSONVILLE FL 32202**

Name

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

841 Prudential Dr.

Suite, Apt. #, Etc.

Suite 1400

City

Jacksonville

State

FL

Zip Code

32207

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9-7-04

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]
Dwelvin L. Simmons, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/6/4
904 276-2323
(904) 276-2323

CR2E040 (7/03)