

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000103622

1. Corporation Name

PEDIATRIC ASSOCIATES OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

108 TIMBERLACHEN CIRCLE
LAKE MARY FL 32748
US108 TIMBERLACHEN CIRCLE
LAKE MARY FL 32748
US

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

32750

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/2002

5. FEI Number

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
DR	STROGIS, ROBERT	251 MAITLAND AVE., SUITE 202 705 W SR 434, SUITE C	ALTAMONTE SPRINGS FL 32701 LONGWOOD FL 32750

11/24/02 - 01046 - 008 **150.00

300024974583
11/24/03 - 01046 - 008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STROGIS, ROBERT

251 MAITLAND AVE., SUITE 202
ALTAMONTE SPRINGS FL 32701

Name

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

705 W SR 434

Suite, Apt. #, Etc.

SUITE C

City

LONGWOOD

State

FL

Zip Code

32750

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0503, F.S. or 617.0505, F.S.

Signature of
Registered Agent*Robert Strogis*

Date

11/17/03

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)(f), 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:

Robert Strogis

R. STROGIS

11/17/03

207-331-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PEDIATRIC ASSOCIATES OF CENTRAL FLORIDA, INC.

705 W. SR 434, Suite C
Longwood, Fl. 32750

Nov. 17, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

RE: Document #P02000103622
Application for reinstatement

Gentlemen:

Enclosed is our reinstatement application and check for \$150.00. The application is signed and dated by the myself as registered agent, director and secretary.

I also state that we have never received any of the prior notices regarding this report. Your notice of dissolution or revocation is the only one we ever received.

Please let me know if you need any additional information.

Thank you.

Very truly yours,

Robert Stroglis
Robert Stroglis
Director, Secretary