

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 20 AM 9:34

DOCUMENT # **P02000109470**

1. Corporation Name

**RONALD F. BENJAMIN, D.O., P.A.**

Principal Place of Business

314 BUTTONWOOD LANE  
LARGO FL 33770

Mailing Address

314 BUTTONWOOD LANE  
LARGO FL 33770

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

10/10/2002

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
DP	BENJAMIN, RONALD F	314 BUTTONWOOD LANE	LARGO FL 33770

800024048638  
10/23/03--01052--014 \*\*150.00

8. Name and Address of Current Registered Agent

BENJAMIN, RONALD F  
314 BUTTONWOOD LANE  
LARGO FL 33770

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

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 REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/15/03

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03  
Date

727-742-6670  
Daytime Phone #

CR2E040 (7/03)

# DEPT OF CORPORATION

212

I DID NOT RECEIVE ANY NOTICES  
PRIOR TO DISSOLUTION PACKET, SO I  
WOULD RESPECTFULLY REQUEST FOR MY  
CORP. TO BE REINSTATED & FEE  
TO BE WAIVED.

Thanks very much  
RON BENJAMIN

ENCLOSED IS A CHECK FOR \$150

MY TEL # 727-742-6670