PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000109470

1. Corporation Name

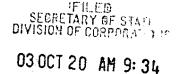
RONALD F. BENJAMIN, D.O., P.A.

Principal Place of Business

Mailing Address

314 BUTTONWOOD LANE LARGO FL 33770 314 BUTTONWOOD LANE

LARGO FL 33770



ENSTATEMENT 03

If above a	addresses are	incorrect in any way, line	through incorrect	information a	nd enter correction h	elow	REINS	TATE	WEN	03	
		Address, If Applicable	ling Office Address, if Applicable			4. Date Incorporated or Qualified To Do Business in Florida 10/10/2002					
Suite, Apt. #, etc. Suite				uite, Apt. #, etc.			5. FEI Numbe	er	10/	 	ied For
City & State	9		City & State		· ·	6.				Applicable	
Zip Country		Zip		Country		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee refor a Certificate of St					
7. Names	and Street Ad	dresses of Each Officer ar	nd/or Director (Fk	orida nonprofi	t corporations must	list at le	east 3 directors)				
Title(s)	(s) Name of Officers and/or Directors					reet Address of Each fficer and/or Director		City / State / Zip			
DP	BENJAMIN, RONALD F			314 BUTTONWOO				LARGO FL 33770			
							·	<u></u>			
			-7-00				80 10/23	 0024 03010	10485 52-014	38 **150.00	
		<u></u>								<u>.</u>	
							# 				
<u>-</u>	e and Address of Currer		9. Name and Address of New Registered Agent								
BENJAMIN, RONALD F 314 BUTTONWOOD LANE LARGO FL 33770				Street Address (P.O. Box			P.O. Box Number	Box Number is Not Acceptable)			
					Suite, Ap	Suite, Apt. #, Etc.					
					Ĉity	City State Zip Co					
10. I, being	appointed the	registered agent of the a	bove named corp	oration, am fa	miliar with and acce	pt the c	obligations of Sect	ion 607.0505,	F.S. or 617.0505	i, F.S.	
Signature of Registered	of Agent	BEST	HEGISTERED AC	WUIRE sign			Date	1 01	5/03		
11 Logrtifu	that I am an o	fficer or director or the rec	eiver or trustee e	mnowered to	execute this applica	lion as	provided for in ch	anter 607 or 6	17 FS I further	cortify that who	n filing

1. 1 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:

SIGNATULE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 15 03

727-742-667U

DEPT OF CORPORATION

I DID NOT RECEIVE ANY NOTICES

Prior TO DISSOULTION PACKET, SO I

WOULD RESPECTIVELY REQUEST FOR MY

CORP. PO BE REINSTATED & FEE

TO BE CHAINED,

Phanks very much Ros Benjamin

ENCLOSED IC A check For 150 My TEC # 727-742-6670