

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

03 OCT 21 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000113777**

1. Corporation Name

JACKSONVILLE VEIN INSTITUTE, P.A.

Principal Place of Business

836 PRUDENTIAL DR STE 1006
JACKSONVILLE FL 32207

Mailing Address

836 PRUDENTIAL DR STE 1006
JACKSONVILLE FL 32207

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/2002

5. FEI Number

55-0813617

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ELLISON, ROBERT G JR	836 PRUDENTIAL DR STE 1006	JACKSONVILLE FL 32207

200023966022
10/21/03--01048--001 **750.00

8. Name and Address of Current Registered Agent

HATHAWAY, RICHARD G
50 A1A NORTH STE 102
PONTE VEDRA BCH FL 32082

9. Name and Address of New Registered Agent

Name

HATHAWAY, RICHARD G.

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

115 PROFESSIONAL DRIVE

Suite, Apt. #, Etc.

Suite # 101

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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

Richard G. Hathaway

REGISTERED AGENT MUST SIGN

Date 10/13/03

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:

Robert S. Ellison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/03 904-388-7518

Daytime Phone #

CR9E040 (7/03)