

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 23 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000118915

1. Corporation Name

LISA M FLANNAGAN, MD, PA

Principal Place of Business

Mailing Address

11062 LAUREL WALK RD
WELLINGTON FL 33467

11062 LAUREL WALK RD
WELLINGTON FL 33467

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

11/05/2002

5. FEI Number

56-2298228

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
P/D	FLANNAGAN, LISA M	11062 LAUREL WALK RD	WELLINGTON FL 33467

8. Name and Address of Current Registered Agent

FLANNAGAN, LISA M
11062 LAUREL WALK RD
WELLINGTON FL 33467

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

Lisa M Flannagan
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:

Lisa M Flannagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03

Daytime Phone #

561-688-
4465

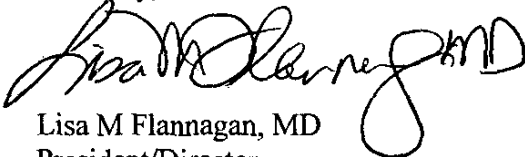
Lisa M Flannagan, MD, PA
11062 Laurel Walk Rd.
Wellington, FL 33467

October 14, 2003

We would like to request reinstatement of Lisa M Flannagan, MD, PA, document number P02000118915. The corporation was dissolved on September 19, 2003 for failure to timely file the 2002 uniform business report. The corporation failed to file the 2002 UBR because the corporation did not receive any prior UBR notices. The corporation was formed on November 5, 2002 and the directors/officers of the corporation were unaware of the corporation's obligation to file this report annually with the State of Florida. Please reinstate the corporation and accept the fee to file the report without penalty of \$150.00 for a for-profit corporation.

If you have any questions, please contact our accountant Priscilla C. Thomasevich, CPA at (561) 368-7152. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lisa M Flannagan MD', with a large, stylized loop at the end.

Lisa M Flannagan, MD
President/Director
Lisa M Flannagan, MD, PA