

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JAN -6 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03000083132**

1. Corporation Name

Professional Gastroenterology & Surgery Associates, Inc.

2. Principal Office Address - No P.O. Box #

8110 CR 44 Leg A

Suite, Apt. #, etc.

City & State

Leesburg, FL.

Zip

34788

Country

US

3. Mailing Office Address

8110 CR 44 Leg A

Suite, Apt. #, etc.

City & State

Leesburg, FL

Zip

34788

Country

US

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

07/25/2003

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ismail A. Ismail

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

8110 CR 44 Leg A

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34788

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Ismail A. Ismail	8110 CR 44 Leg A	Leesburg, FL 34788

**REINSTATEMENT**

**RH**

01/06/10 01010-001 \*\*1508.75

01/06/10-01010-001 \*\*1508.75

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #