

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -8 AM 10: 24

STATE
ALACHUA, FLORIDA

900103191449
05/24/07--01019--016 **608.75

REINSTATEMENT 04-07
CR2E081 (1/07)

DOCUMENT # **P03000101480**

1. Corporation Name

MITCH P. FEARING, M.D., P.A.

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

14819 NW 140TH ST.
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 580
Suite, Apt. #, etc.

City & State

ALACHUA FL.

City & State

ALACHUA, FL.

Zip Country

32615 USA

Zip Country

32616 USA

4. Date Incorporated or Qualified To Do Business in Florida

9/12/03

5. FEI Number

200240352

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

MITCH P. FEARING

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

8214 SW 16TH PL.

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32607

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

M P Fearing MD
REGISTERED AGENT MUST SIGN

Date **05/01/07**

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
P	Mitch P. Fearing MD	14819 NW 140 TH ST	ALACHUA / FL / 32615

10. 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 contained in Chapter 119, 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:

M P Fearing MD / M P Fearing MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/01/07 **386-462-1327**