

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 16 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

88
11-18-09

DOCUMENT # P04000138768

1. Corporation Name

Neal Beightol, M.D., P.A.

7609 00004909

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

1172 Goodlette Rd

Suite, Apt. #, etc.

#201

City & State

Naples, Florida

Zip

34102

Country

USA

3. Mailing Office Address

641 Inlet Drive

Suite, Apt. #, etc.

City & State

Marco Island, Florida

Zip

34145

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/2004

5. FEI Number
201715811

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

300162453233
11/03/09--01029--001 **300.00
CR2E081 (12/08)

7. Name and Address of Current Registered Agent

Name

Neal Beightol, M.D.

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

641 Inlet Drive

Suite, Apt. #, Etc.

City

Marco Island

State

FL

Zip Code

34145

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/24/2009

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
President	Neal Beightol	641 Inlet Drive	Marco Island FL 34145

REINSTATEMENT *08-09*

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:

[Signature]

Neal Beightol, M.D.

10/22/2009

239 649-5020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #