

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAY -4 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-07

CR2E081 (1/07)

DOCUMENT # **PO 5000010331**

1. Corporation Name

CLERMONT SURGICAL ASSOCIATES, P.A.

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

1120 CITRUS TOWER BLVD

Suite, Apt. #, etc.

STE 127

City & State

CLERMONT, FL

Zip

34711

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-20-05

5. FEI Number

20-2198515

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

HENRY W. SINES

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

800 S. DILLARD ST.

Suite, Apt. #, Etc.

City

WINTER GARDEN

State

FL

Zip Code

34787

☒ 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 **4-20-07**

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.D. | JASON A. BOARDMAN | 1609 KENNESAW DRIVE | CLERMONT, FL 34711 |
| | | | |
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| | | | |
| | | | |

400103238024
05/25/07--01010--002 **300.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/07

Daytime Phone #

511469