

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 50000 10331

1. Corporation Name
CLERMONT SURGICAL ASSOCIATES, P.A.

2. Principal Office Address - No P.O. Box # <u>1120 CITRUS TOWER BLVD</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc. <u>STE 127</u>		Suite, Apt. #, etc.	
City & State <u>CLERMONT, FL</u>		City & State	
Zip <u>34711</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>1-20-05</u>	Applied For
5. FEI Number <u>20-2198515</u>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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] Date 4-20-07

REGISTERED AGENT MUST SIGN

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
<u>P.D</u>	<u>JASON A. BOARD MAN</u>	<u>1609 KENNESAW DRIVE</u>	<u>CLERMONT, FL 34711</u>

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] Date 4/24/07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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