

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -9 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000080193

1. Corporation Name

Joel G. Prather, Ph.D., P.A.

000143191800
02/09/09--01058--012 **300.00

REINSTATEMENT 08-09
CR2E081 (12/08)

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

612 Wisteria Street

3. Mailing Office Address

PO Box 19099

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

Zip

32407

Country

USA

Zip

32417

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/06

5. FEI Number
22-3935355

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
Joel Prather

Street Address (P.O. Box Number is Not Acceptable)
105 Grand Lagoon Shores Drive

Suite, Apt. #, Etc.

City
Panama City Beach

State
FL

Zip Code
32408

☒ 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

Joel Prather

REGISTERED AGENT MUST SIGN

Date 02/04/2009

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
P	Joel Prather	105 Grand Lagoon Shores Drive	Panama City Beach FL 32408
Sec	Joel Prather	105 Grand Lagoon Shores Drive	Panama City Beach FL 32408
Treas	Joel Prather	105 Grand Lagoon Shores Drive	Panama City Beach FL 32408

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:

Joel Prather

Joel G. Prather

02/04/2009

850-249-9636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #