

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 30 PM 1:30

DOCUMENT # P06000127744

1. Corporation Name

B. Harrison, M.D., P.A.

KS

600183277466  
08/02/10--01004--006 \*\*150.00

**REINSTATEMENT 07-10**

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

301 South Lake Street

Suite, Apt. #, etc.

3. Mailing Office Address

1025 Mellathon Circle

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg, FL

Zip

34748

Country

USA

Zip

34748

Country

USA

4. Date incorporated or Qualified  
To Do Business in Florida

10/05/2006

5. FEI Number

27-3017387

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

Bobby E. Harrison

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

1025 Mellathon Circle

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34748

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 7/12/2010

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
PD	Bobby E Harrison	1025 Mellathon Circle	Leesburg, FL 34748
S	Bobby E Harrison	1025 Mellathon Circle	Leesburg, FL 34748

10. E-mail Address: Bobcat.harrison@comcast.net

(To be used for future annual report notification)

11. 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. I further certify, 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

7/12/2010

Date

386 365-4492

Daytime Phone #