

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -4 PM 4:01

DOCUMENT # **P93000003001**

1. Corporation Name

KURT D. JONES, MD, PA

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

4616 N DAVIS HWY

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip

32503

Country

USA

3. Mailing Office Address

4616 N DAVIS HWY

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip

32503

Country

USA

200180280662
05/04/10--01052--003 **1050.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1/5/1993

5. FEI Number

59-3157798

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

STEPHEN B DIENL, JR

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

8031 CASTLE POINTS WAY

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32506

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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 **4/27/2010**

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
PRES	KURT D. JONES, MD	3110 BRITANNY PLACE	PENSACOLA, FL 32504

REINSTATEMENT 04-10

10. E-mail Address: **DR KURT JONES @ AOL.COM**

(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]

KURT D JONES, MD, PRESIDENT 4/27/10 (850) 476-8979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #