

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
With Honors  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000014987

1. Corporation Name

DR. LEE A WELKY, P.A.

Principal Place of Business

26330 SUNDERLAND DR  
SUITE 5205  
BOWITA SPRINGS FL 34135  
US

Mailing Address

1100 LINTON BOULEVARD  
SUITE C-5  
DELRAY BEACH FL 33444

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8800 SIGNAL RD.

Suite, Apt. #, etc.

SUITE #4

City & State

BOWITA SPRINGS, FL

Zip

34135

Country

U.S.A.

3. New Mailing Office Address, If Applicable

8800 SIGNAL RD.

Suite, Apt. #, etc.

ST. #4

City & State

BOWITA SPRINGS, FL

Zip

34135

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

02/26/1993

5. FEI Number

65-0405144

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	WELKY, LEE A	26330 SUNDERLAND DR #5205	BOWITA SPRINGS FL 34135

800003026938--7  
-10/27/99-01009-018  
\*\*\*\*150.00 \*\*\*\*150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lee A Welky* President 10/20/99 (941) 948-6565

OCT 29, 1999 (2)

Lee A. Welky, D.M.D.  
8800 Signal Rd. Suite 4  
Bonita Springs, FL 34135  
(941) 948-6565

STACY:

AS PER OUR PHONE CONVERSATION  
OF 10/20/99 I AM ADDING THIS NOTE TO  
THE \$150 CHECK FOR THE FILING FEE.

AS WE DISCUSSED, I DID NOTIFY THE  
STATE OF A CHANGE OF ADDRESS WHEN  
MY NEW OFFICE IN BONITA SPRINGS WAS  
BEING BUILT. HOWEVER, IT WAS NOT UPDATED AND  
THEREFORE I NEVER RECEIVED THE 1999 CORPORATION  
FILING NOTICE. THE REVOCATION NOTICE  
WAS SENT TO MY FORMER OFFICE AND THE DOCTOR  
WHO PURCHASED THE OFFICE FORWARDED IT TO  
ME MUCH TO MY SURPRISE. I APPRECIATE YOUR  
HELP IN THIS MATTER AND HOPE YOU CAN  
RESOLVE THIS MATTER.

SINCERELY

LEE A. WELKY D.M.D.

Lee A. Welky