

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000027801

1. Corporation Name

CENTRAL FLORIDA CLINICAL STUDIES, INC.

Principal Place of Business

11140 W COLONIAL DR
SUITE 3
OCOE FL 34761
US

Mailing Address

10,000 W COLONIAL DR
SUITE 1400
OCOE FL 34761
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

11140 W Colonial Dr
Suite 3
Ocoee FL
34761 (61) US 4

FILED

98 FEB 16 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-98

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1993

5. FEI Number

59-3172664

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CAOS, ANTONIO	2580 S.R. 50	OCOE FL 32761 100002435611-4 -02/19/98--01094--003 ****150.00 ****150.00
			100002435611--4 -02/19/98--01094--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CAOS, ANTONIO
10,000 W COLONIAL DR
SUITE 1400
OCOE FL 32761

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

ANTONIO CAOS
11140 W. Colonial Dr.
SUITE 3
Ocoee FL 34761

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

Antonio Caos
REGISTERED AGENT MUST SIGN

Date 2/11/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

Antonio Caos

Date

Daytime Phone #

2/11/98 4078727453

CR2040 (8/97)