

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 31 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000029785**

1. Corporation Name

SCOTT A. GREGORY, D.V.M., P.A.

Principal Place of Business

470 CH 9J1
NAPLES FL 34119

Mailing Address

470 CR 9J1
NAPLES FL 34119

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.
3333 Vanderbilt Beach Rd

City & State
NAPLES FL

Zip
34109

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
3333 Vanderbilt Beach Rd

City & State
NAPLES FL

Zip
34109

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1993

5. FEI Number

59-3178777

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GREGORY, SCOTT A	4907 ERIN LANE	MELBOURNE FL 32940
		3333 Vanderbilt Beach Rd	Naples FL 34109

8. Name and Address of Current Registered Agent

GREGORY, SCOTT A
4907 ERIN LANE
MELBOURNE FL 32940

9. Name and Address of New Registered Agent

Name **SCOTT A GREGORY**
Street Address (P.O. Box Number is Not Acceptable)
3333 Vanderbilt Beach Rd
Suite, Apt. #, Etc.
City **Naples** State **FL** Zip Code **34109**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-16-01**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-01

Daytime Phone #

941-597-1950