

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 30 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9 30000 29285**

1. Corporation Name

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

REINSTATEMENT

300023359973
09/26/03--01039--015 **750.00

2. Principal Office Address

3333 Vanderbilt Beach Rd

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34109

Country

USA

Zip

34109

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name

DR. 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

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

DR. SCOTT A GREGORY

REGISTERED AGENT MUST SIGN

Date

9-23-03

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	SCOTT A GREGORY	3333 VANDERBILT BEACH RD	Naples FL 34109

10. 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

DR. SCOTT A. GREGORY

Date

9-23-03

Daytime Phone #

239-592-1950

CR2E081 (10/02)

2/10/11