

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 30 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000037317**

1. Corporation Name

**DR. JOHN M. LENNON JR., OD, P.A.**

Principal Place of Business

Mailing Address

704 SEABROOK COVE RD.  
JACKSONVILLE FL 32211

704 SEABROOK COVE RD.  
JACKSONVILLE FL 32211



**REINSTATEMENT 1999**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/25/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3178784

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip Country

Zip Country

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
DPST	LENNON, JOHN M SR	704 SEABROOK COVE ROAD	JACKSONVILLE FL 32211

600003099656--9

-01/14/00--01095--020

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LENNON, JOHN M JR  
704 SEABROOK COVE ROAD  
JACKSONVILLE FL 32211

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 **12/31/99**

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

**12/31/99**  
Date

**904 721-5294**  
Daytime Phone #

CR2E040 (8/99)