

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 APR 13 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000039127**

1. Corporation Name

South Beaches Medical, Inc.

Principal Place of Business

2344 South 3rd Street
Jacksonville Beach, FL
32250

Mailing Address

2344 South 3rd Street
Jacksonville Beach, FL
32250

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.

2344 South 3rd Street

City & State

Jacksonville Beach, Florida

Zip

32250

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

2344 South 3rd Street

City & State

Jacksonville Beach, Florida

Zip

32250

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 28, 1993

5. FEI Number

59-3129831

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
P, S, T D	John A. Ondrejicka	2344 South 3rd Street	Jacksonville Beach, FL 32250

000002487950--4
-04/14/98--01046--022
***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Dale A. Beardsley, Esquire

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

12 East Bay Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32202

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 April 10, 1998

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

April 10, 1998

Date

(904) 241-5332

Daytime Phone #

CR2E040 (1/98)