

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS



FILED

99 NOV -1 AM 11:03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000040209**

1. Corporation Name

**ANTOINETTE N. KOE, M.D., P.A.**

Principal Place of Business

Mailing Address

1543 KINGSLEY AVE.  
~~BLVD. 12~~  
 ORANGE PARK FL 32073

1543 KINGSLEY AVE.  
~~BLVD. 12~~  
 ORANGE PARK FL 32073



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

06/08/1993

Suite, Apt. #, etc.  
**BLDG. 12**

Suite, Apt. #, etc.  
**BLDG. 12**

5. FEI Number

59-3195463

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$9.75 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KOE, ANTOINETTE N	1543 KINGSLEY AVE., BUILDING 12	ORANGE PARK FL 32073

300003038633--5  
 -11/08/99--01123--024  
 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOE, ANTOINETTE N M.D.  
 1543 KINGSLEY AVE.  
 BLDG 12  
 ORANGE PARK FL 32073

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 Antoinette N. Koe, P.A. REGISTERED AGENT MUST SIGN

Date 10/18/99

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: Antoinette N. Koe, P.A.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ANTOINETTE N. KOE, M.D., P.A.**

10/18/99 Date (904) 269-9777 Daytime Phone #

KE



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**ANTOINETTE N. KOE, M.D., P.A.**

Internal Medicine / Family Practice  
Kingsley Village Medical Center  
1543 Kingsley Ave. Bldg. 12 Orange Park, Fl. 32073  
Tel. No. (904) 289-9777

October 22, 1999

Division Of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

TO WHOM IT MAY CONCERN:

As discussed over the phone with your department, I would like to request a one time waiver for the reason that perhaps because of postal inconsistency, I have not received the first notice for filing the corporation tax. As you have instructed, I am sending the original amount fee of \$150.00 and the current form filled out.

Thank you for your kind consideration.

Sincerely,

Antoinette N. Koe, M.D., P.A.