

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 PM 5:15

DOCUMENT # **P93000058780**

1. Corporation Name

SOUTHWEST ORLANDO PSYCHIATRIC GROUP, P.A.

Principal Place of Business

Mailing Address

C/O STEVEN O. SPEISER, M.D.
7350 SANDLAKE COMMONS BLVD. SUITE 2205
ORLANDO FL 32819
US

C/O STEVEN O. SPEISER, M.D.
7350 SANDLAKE COMMONS BLVD., SUITE 2205
ORLANDO FL 32819
US



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

08/23/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3193461

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
1	2	3	4
PD	SPEISER, STEVEN O	9539 BAY VISTA ESTATES BLVD.	ORLANDO FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPEISER, STEVEN O
9539 BAY VISTA ESTATES BLVD.
ORLANDO FL 32836

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Steven O. Speiser
REGISTERED AGENT MUST SIGN

Date 10/31/00

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:

Steven O. Speiser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-2000

Date

Daytime Phone #

407

345-4951

STEVEN O. SPEISER, M.D.
Diplomate, American Board of Psychiatry
7350 Sandlake Commons Blvd., Suite 2205
Orlando, Florida 32819
(407) 345-4951

P43000056726

②

12-7-2000

To Sean Toner,

IN response to letter number
400A00060665.

Each year I bring all documents
I receive regarding the corporation to
my accountant, and Always pay my
fees timely to avoid excess fees.

The corporation did not receive the
annual corporation report and
therefore was not sent until
the late notice was sent.

The seven years have always
been sent on time. I appreciate
your help in this matter.

I have enclosed a check for
\$150⁰⁰

Thank You!

Diane Speiser
Steven Speiser, M.D.