

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 SEP 18 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 993000079188

1. Corporation Name

Timothy M. McRAE, M.D., P.A

100136101581
09/18/08--01041--018 **1208.75

2. Principal Office Address - No P.O. Box #

706 So. Moody Ave

Suite, Apt. #, etc.

3. Mailing Office Address

706 So. Moody Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33609

Country

USA

Zip

33609

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/93

5. FEI Number

593210499

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

Timothy M. McRae, MD

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

706 So. Moody Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/15/08

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
President	Timothy M. McRae, MD	706 So. Moody Ave	Tampa, FL 33609

**RH
REINSTATEMENT**

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 contained in Chapter 119, 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] Timothy M. McRae, MD President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/08 (813) 258-8559
Date Daytime Phone #