

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION
FOR
REINSTATEMENT~~

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

193

FILED

01 NOV -5 AM 10: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000001521

1. Corporation Name

SUELLYN VANDERSLICE, PH.D., P.A.

Principal Place of Business Mailing Address

467 GRACE AVE
PANAMA CITY FL 32401
US

467 GRACE AVE
PANAMA CITY FL 32401
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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1993

5. FEI Number

59-3294700

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CPO	VANDERSLICE, SUELLYN	467 GRACE AVE	PANAMA CITY FL

700004699137-1
-11/29/01-01077-012

***550.00 ***550.00

SP

8. Name and Address of Current Registered Agent

MCCAULEY, CARROLL L
36 OAK AVENUE
PANAMA CITY FL 32401

9. Name and Address of New Registered Agent

Name: Suellyn Vanderslice, Ph.D.
Street Address (P.O. Box) Number is Not Acceptable
467 Grace Ave
Suite, Apt. #, Etc. Panama City
City: Panama City, State: FL Zip Code: 32401

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

Suellyn Vanderslice

REGISTERED AGENT MUST SIGN

Date

10/15/01

CH2E040 (8/01)

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.

Suellyn Vanderslice, president 10/15/01 (850)

SIGNATURE:

Sue Vanderslice President 285-5325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Suellyn Vanderslice, Ph. D., P.A.

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TELEPHONE: (850) 785-5325
FAX: (850) 785-2875

467 GRACE AVENUE
PANAMA CITY, FLORIDA 32401

10-15-01

Dept. of State -

Enclosed find my
corporations forms. I
do not have a form
from the beginning of the
year in my files and hope
you didn't send it to my old
address (1008 Jenkins Ave). I recently
received some checks that went ~~there~~
lost April.

I've never been late on
my Corporation fees before & hope
you will accept my payment.
When I go the Sept. 12th, I thought
it was for next year &
put it in my November
flicker file, to pay in Dec.

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I've also had 6 surgical
procedures this year at
Shands Hospital in Gainesville
& realize I may not have
"dotted my I's" or "crossed my t's"
as a should have. Hopefully,
you will accept this as
payment in full.

You can be certain it
won't happen again, unless
I'm on my deathbed, I'm
too small of a business to
be able to afford fines.

Thank you—

Suey Vandergrift
Ph.P., P.T.