

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 16 AM 8:27

DOCUMENT # P94000009360

1. Corporation Name

DEDICATED TO WOMEN, P.A.

Principal Place of Business

Mailing Address

1925 MIZELL AVE #205
WINTER PARK FL 32792

1925 MIZELL AVE #205
WINTER PARK FL 32792



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

01/20/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3223805

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	MICKLAVZINA, CONNIE MD	1925 MIZELL AVE STE 205	WINTER PARK FL 32792

600023852886
10/16/03--01037--005 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MICKLAVZINA, CONNIE M D
1925 MIZELL AVE.
#205
WINTER PARK FL 32792

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/11/03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/03

Daytime Phone #

407-
647-5199

CR20040 (7/03)



Dedicated To Women, P.A.
CONNIE MICKLAVZINA, M.D., F.A.C.O.G.

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE FL 32314-6327

October 13, 2003

Dear Ms. Glenda E. Hood
Secretary of State

Dedicated To Women PA did not receive the two prior uniform business report (UBR) notices.

Please waive the filing fee to reinstate Dedicated To Women PA active status.

Thank you,


Connie D. Micklavzina M.D.
Dedicated To Women PA