

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

03 NOV -5 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000067194

1. Corporation Name

BERRYHILL ORTHOPAEDICS, P.A.

Principal Place of Business

6007 BERRYHILL RD  
MILTON FL 32570

Mailing Address

6007 BERRYHILL RD  
MILTON FL 32570



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

Is the Corporation or Qualified  
To Do Business in Florida

09/13/1994

5. FEI Number

59-3273445

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 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
DP	SZYMONIAK, PETER M M.D.	6007 BERRYHILL DR	MILTON FL 32570

700023961517  
10/21/03--01022--017 \*\*750.00

8. Name and Address of Current Registered Agent

SZYMONIAK, PETER M M.D.  
6007 BARRYHILL RD  
MILTON FL 32570

9. Name and Address of New Registered Agent

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

*Peter M. Szymoniak*  
REGISTERED AGENT MUST SIGN

Date 10/13/03

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:

*Peter M. Szymoniak*  
Peter M. Szymoniak, M.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03  
Date

(850) 626-1461  
Daytime Phone #

CR2E040 (7/03)