

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 21 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071681

1. Corporation Name

B.L. HORVAT, M.D. ASSOCIATES, INC.

2. Principal Office Address
3307 Clark Road

3. Mailing Office Address
3307 Clark Road

Suite, Apt. #, etc.
Suite 104

Suite, Apt. #, etc.
Suite 104

City & State
Sarasota, Florida

City & State
Sarasota, Florida

Zip Country
34231 USA

Zip Country
34231 USA

REINSTATEMENT 08-02

**4. Date Incorporated or Qualified
To Do Business in Florida** 09-29-94

5. FEI Number 65-0534158
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒ **For Reinstatement**

7. Name and Address of Current Registered Agent

Name

Charles H. Ball, Attorney at Law

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

1444 First Street Ste B

Suite, Apt. #, Etc.

City Sarasota

State Zip Code
FL 34236

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]

Date

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------|
| PT | B.L. Horvat | 1234 Sea Plume Way | Sarasota, FL 34242 |
| VPS | N. Horvat | 1234 Sea Plume Way | Sarasota, FL 34242 |
| | | | |
| | | | |
| | | | |
| | | | |

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/2000 941-923-1807 KE