

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV -7 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072527

1. Corporation Name
JACK H. SOLIMAN, M.D., P.A.

Principal Place of Business Mailing Address
205 ZEAGLER DRIVE SUITE 302
PALATKA FL 32177 US
205 ZEAGLER DR. SUITE 302
PALATKA FL 32177 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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		205 Zeagler Dr.		09/27/1994	
City & State		302 Palatka FL		5. FEI Number	
Zip		32177		59-3269935	
Country		Putnam		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SOLIMAN, JACK H	205 ZEAGLER DR., SUITE 302	PALATKA FL 32177

800092345348-5
-11/12/97--01111--011
****165.00 ****165.00

11-4-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DOWNEY, KEVIN I 2631 N.W. 41ST STREET SUITE A-2 GAINESVILLE FL 32606		Name Jack H. Soliman M.D., P.A. Street Address (P.O. Box Number is Not Acceptable) 205 Zeagler Dr. Suite, Apt. #, Etc. Suite 302 City Palatka State FL Zip Code 32177	
10. I am being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		Date 11-4-97	
Signature of Registered Agent <i>Jack Soliman</i> REGISTERED AGENT MUST SIGN			

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Jack Soliman* 11-4-97 904-328-1117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)

(2)

Jack H. Soliman, M.D., P.A.
205 Zeagler Dr. Suite 302
Palatka, FL 32177
(904) 328-1117

November 04, 1997

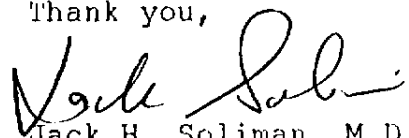
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Secretary of State,

Approximately one week ago I received a notice of dissolution of my corporation and according to the notice the corporation was dissolved on September 26, 1997. Since I was unaware of this situation until now I would appreciate reinstatement of my corporation without penalties.

I am enclosing a check in the amount of \$165.00 along with application. Please accept and reinstate my corporation.

Thank you,



Jack H. Soliman, M.D., P.A.