

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 DEC 18 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077954**

1. Corporation Name

PAUL T. HARRINGTON, M.D., P.A.

Principal Place of Business

4130 SALISBURY ROAD SUITE 1600
JACKSONVILLE FL 32216

Mailing Address

4130 SALISBURY ROAD SUITE 1600
JACKSONVILLE FL 32216



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 10/21/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3275619	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> 3075 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	HARRINGTON, PAUL T MD	4130 SALISBURY ROAD SUITE 1600	JACKSONVILLE FL 32216
			600002039216--7 -12/27/96--01054--003 ***383.75 ***383.75
			REINSTATEMENT 1996 A. Alamo 12/18/96

8. Name and Address of Current Registered Agent

HARRINGTON, PAUL T
4130 SALISBURY ROAD SUITE 1600
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6620 Southpoint Dr. S., Suite 200
Suite, Apt. #, Etc.
City **Jacksonville** State **FL** Zip Code **32216**

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

Paul T. Harrington
REGISTERED AGENT MUST SIGN

Date **Dec 12 1996**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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: **Paul T. Harrington**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/11/96** Daytime Phone # **912-285-3654**