

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000079961

1. Corporation Name

BARIATRIC ASSOCIATES, INC.

Principal Place of Business

142 S SEMORAN BLVD  
ORLANDO FL 32807  
US

Mailing Address

142 S SEMORAN BLVD  
ORLANDO FL 32807  
US

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

2. New Principal Office Address, If Applicable

172 S. Semoran Blvd  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

172 S. Semoran Blvd  
Suite, Apt. #, etc.

City & State

ORLANDO, Florida

City & State

ORLANDO, Florida

Zip

32807

Country

USA

Zip

32807

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/1994

5. FEI Number

59-3277796

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTS	SCHWARTZ, FRANCINE	601 SOUTH SEMORAN BLVD	WINTER PARK FL 32789
D	GREEN, RANDALL B	201 TRISMEN TERR	WINTER PARK FL 32789

8. Name and Address of Current Registered Agent

GREEN, RANDALL B  
201 TRISMEN TERRACE  
WINTER PARK FL 32789

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

*Randall B. Green*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/07/02

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)(f), 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:

*Randall B. Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 628-6456

11/07/02

CR2E040 (8/02)

**BARIATRIC ASSOCIATES, INC.**  
**172 S. SEMORAN BLVD.**  
**ORLANDO, FLORIDA 32807**  
**(407) 380-1951**  
**FAX (407) 380-1951**

October 30, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Re: FEI#59-3277796  
Bariatric Associates, Inc.

To Whom It May Concern:

Please accept my apology and my completed application for reinstatement of the above referenced corporation. We moved during the year and I have indicated our new address on this form. I never received the Annual Report. In fact I just received this form in yesterday's mail.

I would appreciate it if you would accept my payment of the \$150.00 for the annual fee since I never received the original Annual Report.

If you have any questions please call me.

Sincerely,

  
Randall B. Greene