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 NOV 12 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081206

1. Corporation Name
PETER B. WILLIAMS, D.P.M., P.A.

Principal Place of Business	Mailing Address
~~7821 TROUBLE CREEK RD.~~ ~~NEW PORT RICHEY FL 34653~~	~~7821 TROUBLE CREEK RD.~~ ~~NEW PORT RICHEY FL 34655~~

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

REINSTATEMENT 95-9600
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
8803 Wabash Ln	8803 Wabash Ln
Suite, Apt. #, etc. Port Richey FL	Suite, Apt. #, etc. Port Richey, FL
City & State	City & State
Zip 34668 Country USA	Zip 34668 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/04/1994

5. FEI Number 59-3282643 ☐ Applied For ☐ Not Applicable

6. [redacted]

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
P/S/T/D	Peter B Williams	8803 Wabash LN.	Port Richey, FL 34668

800002007203--0
-11/18/96--01026--005
****575.00 ****575.00

8. Name and Address of Current Registered Agent

GONZALES, LARRY J
6645 RIDGE ROAD
PORT RICHEY FL 34668

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.

Signature of Registered Agent Larry J. Gonzales REQUIRED Date 11/15/95
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 B WILLIAMS DPM PA PETER B WILLIAMS PRESIDENT REQUIRED 11/12/96 813-372-7894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #