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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 17 AM 11:36

DOCUMENT # P94000084558

1. Corporation Name

Gary M. Onik, MD, PA

900043466169
12/16/04--01050--001 **300.00

2. Principal Office Address

5119 Keeneland Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32819

Country

USA

City & State

1

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/94

5. FEI Number

59-3276588

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Gary M. Onik

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

5119 Keeneland Circle

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

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

REGISTERED AGENT MUST SIGN

Date

12/13/04

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
Pres	Gary Onik	5119 Keeneland Circle	Orlando, FL 32819

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

12/13/04

Daytime Phone #

CR2E081 (01/04)

2/17/05

212

December 13, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I have enclosed a check and the appropriate reinstatement form for the renewal of my corporation, Gary M. Onik, MD, PA for the years 2003 and 2004. We never received the renewal for these years and were unaware that the corporation was dissolved. Please note the change of address and reinstate our corporation through 2004.

I appreciate your cooperation in this matter.

Sincerely,


Gary M. Onik