

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP 30 AM 11:02

STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000091807

1. Corporation Name

JOHN F. MASON, M.D., P.A.

2. Principal Office Address

300 Cherry St., #5

Suite, Apt. #, etc.
#5

City & State

Panama City, FL

Zip

32401

Country

3. Mailing Office Address

P.O. Box 1250

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32402

Country

Bay

REINSTATEMENT

03-05

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/94

5. FEI Number
593289347

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name John F. Mason

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

300 Cherry St.

Suite, Apt. #, Etc.

#5

City

Panama City

State
FL

Zip Code
32401

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

John F. Mason
REGISTERED AGENT MUST SIGN

Date

9-21-05

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
D	John F. Mason	300 Cherry St., # 5	Panama City, FL 32401
T	Sarah Mason	300 Cherry St., # 5	Panama City, FL 32401

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:

John F. Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-21-05

Daytime Phone #

785-4571

1-850-319-9912
OCT 1 2005