PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 FEB 26 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000093930

1. Corporation Name
CRESPO & ASSOCIATES EMERGENCY PHYSICIANS, P.A.

Principal Place of Business	Mailing Address
2901 Swann Avenue Tampa, FL 33609	Post Office Box 18788 Tampa, FL 33679-8788

REINSTATEMENT 97-98

DO NOT WRITE IN THIS SPACE

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 Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/01/95

5. FEI Number: 59-3288470 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T D	Raymond Sleszynski, Jr.	2901 Swann Avenue	Tampa, FL 33609
D	Robert Lluis	2901 Swann Avenue	Tampa, FL 33609
D	George Abraham	2901 Swann Avenue	Tampa, FL 33609
D	Richard Rizzo	2901 Swann Avenue	Tampa, FL 33609

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****300.00 ****300.00

8. Name and Address of Current Registered Agent

W. Rogers Woods, III
824 South Edison Avenue
Tampa, FL 33606

9. Name and Address of New Registered Agent

Name: Raymond Sleszynski, Jr.
Street Address (P.O. Box Number is Not Acceptable): 2901 Swann Avenue
Suite, Apt. #, Etc.:
City: Tampa
State: FL
Zip Code: 33609

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: Raymond A. Sleszynski, Jr. (REGISTERED AGENT MUST SIGN) Date: 3-4-98

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 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public disclosure. 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 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: Raymond A. Sleszynski, Jr. Raymond Sleszynski, Jr. 3-4-98 (813) 873-6445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #