

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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



DOCUMENT # P95000009128

1. Corporation Name
SOUHEIL MOUSSLY, M.D., P.A.

Principal Place of Business
3890 TURTLE CREEK DR.
PORT ORANGE FL

Mailing Address
3890 TURTLE CREEK DR.
PORT ORANGE FL

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 Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3292082

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
D	MOUSSLY, SOUHEIL M.D.	3890 TURTLE CREEK DR.	PORT ORANGE FL

500002340595--9
-11/06/97--01095--004
****165.00 ****165.00

8. Name and Address of Current Registered Agent

SIMPSON, SCOTT E
595 W. GRANADA BLVD.
SUITE A
ORMOND BEACH FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Scott E. Simpson

REGISTERED AGENT MUST SIGN

Date

10/30/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. 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

10.27.97

Date

Daytime Phone #

904 756-4400

1

FILED

97 NOV -3 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E(x4) (9/97)

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SOUHEIL MOUSSLY, M.D.
American Board of Internal Medicine
3890 Turtle Creek Dr.
Port Orange, Florida 32119
(904) 756-4400

October 27, 1997

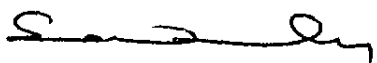
Florida Department of State
Division of Corporations
Annual Report Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madame:

Enclosed, please find a completed reinstatement form with a check for \$165.00 annual renewal fees. In the last 2 years there has been no change in the structure of the corporation and I have not received any invoices from you regarding the annual renewal. I already spoke with your representative at (850) 487-6059 who informed me to go ahead and send the above and that he will reinstate my corporation.

I appreciate your cooperation and if there are any questions, do not hesitate to contact me at (904) 756-4400 or my attorney and registered agent, Mr. Scott Simpson at (904) 677-3431.

Sincerely,



Souheil Moussly, M.D. @A.

SM/bp