

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 # P95000028417 FED ID #  
1. Corporation Name CLINICAL & SURGICAL ASSOC, INC 65-0547356

FILED  
99 MAR -9 PM 12:25  
TALLAHASSEE, FLORIDA

Principal Place of Business  
WEST PALM BEACH, FL  
Mailing Address  
1005 OCEAN DUNES CRC  
JUPITER, FL 33477

REINSTATEMENT 910-001

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

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
3. New Mailing Office Address, If Applicable  
1005 OCEAN DUNES CRC  
Suite, Apt. #, etc.  
JUPITER, FL 33477  
Zip  
Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida 4/6/95  
5. FEI Number 65-0547356  
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)

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
PRESIDENT	SEAN RYAN	1005 OCEAN DUNES CRC JUPITER, FL 33477	JUPITER, FL 33477

8. Name and Address of Current Registered Agent

SEAN RYAN  
1005 OCEAN DUNES CRC  
JUPITER, FL 33477

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 *Sean Ryan*  
REGISTERED AGENT MUST SIGN

Date 3/3/99

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: *Sean Ryan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99 561-630-0193  
Date Daytime Phone #