

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 23 AM 7:56

DOCUMENT # P 95000049291

1. Corporation Name

Joyce Beth Ravain MD PA

KS

400185801224
09/23/10--01041--002 **2850.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

860 Lambert Ave

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 809

Suite, Apt. #, etc.

City & State

Flagler Beach FL

City & State

Flagler Beach FL

Zip

32136

Country

USA

Zip

32136

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1995

5. FEI Number

59-2212797

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

Joyce Beth Ravain, MD

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

860 Lambert Ave

Suite, Apt. #, Etc.

City

Flagler Beach

State

FL

Zip Code

32136

REINSTATEMENT 96-10

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

Joyce Beth Ravain
REGISTERED AGENT MUST SIGN

Date 9/20/10

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
President	Joyce Beth Ravain MD	860 Lambert Ave	Flagler Beach, FL 32136

10. E-mail Address: jbravain@mindspring.com

(To be used for future annual report notification)

11. 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. I further certify 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:

Joyce Beth Ravain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/10

Date

(386) 931-3879

Daytime Phone #