

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 13 PM 1:19

DOCUMENT #

P95000057855

1. Corporation Name

OB GYN ASSOCIATES OF TAMPA, BAY, PA

2. Principal Office Address

13601 BRUCE B DOWNS

3. Mailing Office Address

13601 BRUCE B DOWNS BLVD

Suite, Apt. #, etc.

Ste# 251

Suite, Apt. #, etc.

ste# 251

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33613

Country

HILLSBOROUGH

Zip

33613

Country

HILLSBOROUGH

4. Date Incorporated or Qualified  
To Do Business in Florida

July 26, 1995

5. FEI Number

59-3326130

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

HOWARD U. JOHNSON, MD

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

13601 BRUCE B DOWNS BLVD

Suite, Apt. #, Etc.

SUITE# 251

City

TAMPA

State

FL

Zip Code

33613

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

*Howard U. Johnson*  
REGISTERED AGENT MUST SIGN

Date 10/10/00

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	Howard U. Johnson, II, MD	1220 DeBuehl Rd	Lutz, FL 33549
(sole officer)			

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:

*Howard U. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/00

Date

(813) 977-0881

Daytime Phone #

CR2E081 (9/99)

# OB/GYN Assoc. of Tampa Bay

Obstetrics, Gynecology and Infertility

*Howard U. Johnson, M.D.*

Board Certified  
FACOG



October 10, 2000.

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To whom it may concern:

We contacted the Division of Corporations the end of September (on the 26th or 27th) after being informed by our banker that our corporation had been dissolved; a call confirmed that the corporation was dissolved on September 22, 2000. We informed the representative that we apparently did not receive the annual form. We discussed the situation with another representative (Ms. Hampton) who suggested we send the usual fee with a request to have the situation reviewed to waive the reinstatement fee. This was further suggested after we informed her that we had not received the reinstatement form requested approximately ~~7-10~~ days earlier (to this date we have not received that form, even though we were told the form had been sent. She verified our address and forwarded the application we are now submitting.

Enclosed is the fee of \$150.00. Please review our request for waiving the reinstatement fee.

Thank you for your consideration.

Sincerely,

Howard U. Johnson, II, M.D.

President

Ob-Gyn Associates of Tampa, P.A.