

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 27 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9500066724**

1. Corporation Name

LISA Langmo MD. P.A.
IND100019059

2. Principal Office Address

1755 Spruce Ave.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park FL.

City & State

Zip

32789

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

59-3332772

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

LISA Langmo MD.

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

1755 Spruce Ave.

Suite, Apt. #, Etc.

Winter Park

City

State
FL

Zip Code

32789

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

Lisa Langmo
REGISTERED AGENT MUST SIGN

Date

7/31/01

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
Pres.	LISA Langmo MD	1755 Spruce Ave.	Winter Park, FL. 32789
V. Pres.	LISA Langmo MD	" same	" same
Secretary	LISA Langmo MD	"	"
Treasurer	LISA Langmo MD	"	"

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:

Lisa Langmo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/31/01 407-622-1340

Daytime Phone #

CR2E081 (9/00)