

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

97 APR 21 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000071175**

1. Corporation Name

O.B. SAMUEL, JR., P.A.

Principal Place of Business

Mailing Address

11 NORTH MAGNOLIA AVENUE
OCALA FL 34475

11 NORTH MAGNOLIA AVENUE
OCALA FL 34475



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		09/15/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State		59-3312723		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	SAMUEL, O B JR	11 NORTH MAGNOLIA AVENUE	OCALA FL 34475
			200002153992--7 -04724797--01094--006 ****915.00 ****915.00
			REINSTATEMENT 96-97
			<i>A. Wan</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAMUEL, O B JR
11 NORTH MAGNOLIA AVENUE
OCALA FL 34475

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/14/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/97

Daytime Phone #