

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000088381

1. Corporation Name

KENNETH L. HOLLING, M.D., P.A.

Principal Place of Business

~~1100 EAST OCEAN BLVD.~~
~~STUART FL 34994~~

Mailing Address

~~1100 EAST OCEAN BLVD.~~
~~STUART FL 34994~~



500009437585
12/10/02--01051--013 **150.00

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

2. New Principal Office Address, If Applicable

~~550 CRESCENT HILLS DR.~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~550 CRESCENT HILLS DR.~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1996

5. FEI Number

65-0632132

Applied For

Not Applicable

City & State

~~LAKELAND, FL~~

City & State

~~LAKELAND, FL~~

Zip

~~33813~~

Country

~~USA~~

Zip

~~33813~~

Country

~~USA~~

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HOLLING, KENNETH L MD	1100 EAST OCEAN BLVD. 550 CRESCENT HILLS DR	STUART FL 34994 LAKELAND, FL 33813

8. Name and Address of Current Registered Agent

FOX, M L
1100 EAST OCEAN BLVD.
STUART FL 34994

9. Name and Address of New Registered Agent

Name

KENNETH HOLLING

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

~~550 CRESCENT HILLS DR.~~

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33813

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. or 617.0505, F.S.

Signature of
Registered Agent

Kenneth L. Holling
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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 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:

Kenneth L. Holling
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-2-02

Daytime Phone #

863-644-9769

CR2040 (8/02)

Kenneth L. Holling, President
Kenneth L. Holling, MD, PA
550 Crescent Hills Drive
Lakeland, FL 33813

FEIN: 65-0632132

November 26, 2002

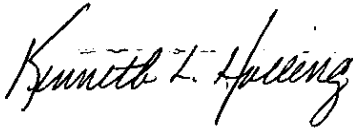
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Enclosed Certificate of Administrative Dissolution

This letter is written in response to the attached Certificate of Administrative Dissolution. I request that the Department of State consider reinstating Kenneth L. Holling, MD, PA and waiving the reinstatement fee because I previously have never received any notices to file.

I pray that the state will allow me to continue as Kenneth L. Holling, MD, PA due to the fact that my failure to file reports *was not intentional*. I have included a check for \$150 to pay my annual fees for 2002.

Sincerely,

A handwritten signature in cursive script that reads "Kenneth L. Holling". The signature is written in dark ink and is positioned above the printed name.

Kenneth L. Holling