

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 18 PM 5: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000088819

1. Corporation Name

Kissimmee Doctors Clinic, Inc.

2. Principal Office Address

1307 E. Vine Street

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34744

Country

USA

3. Mailing Office Address

55 E. Pine Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32801

Country

USA

REINSTATEMENT

03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/19/95

5. FEI Number

59-3209792

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee req.
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard E. Larsen, Esq.

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

55 E. Pine Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

REGISTERED AGENT MUST SIGN

Date 2/16/05

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
D	Auguste J. Pinna	1307 E. Vine Street	Kissimmee, FL 34744

200047346932
02/28/05--01004--020 **1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Auguste J. Pinna

Date

2/16/05

Daytime Phone #

(407) 841-6555