

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAY 24 AM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000093958

1. Corporation Name

Ear Nose & Throat ~~Head~~ & Neck Surgery
of Pensacola PA

2. Principal Office Address - No P.O. Box #

5147 N 9th Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 325A

City & State

City & State

Pensacola

Florida

Zip

Country

Zip

Country

32504-8700

US

REINSTATEMENT

CR2E081 (1/07)

01-07

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

12/17/95

5. FEI Number

59-3345315

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

James H Pennington MD

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

5147 N 9th Ave.

Suite, Apt. #, Etc.

Suite 325A

City

Pensacola

State

FL

Zip Code

32504

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

James H. Pennington

REGISTERED AGENT MUST SIGN

Date

5/1/07

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	James H. Pennington MD	5147 N 9th Ave, Ste: 325A	Pensacola, FL 43504

800103220578
05/24/07-01058-024 **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 contained in Chapter 119, 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:

James H. Pennington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07

Date

850-475-9025

Daytime Phone #

6/5/07