

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 26 PM 12:32

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096652

1. Corporation Name

FAMILY PODIATRY, P.A.

2. Principal Office Address

4703 CENTRAL AVENUE

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip
33713

Country
USA

3. Mailing Office Address

4703 CENTRAL AVENUE

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip
33713

Country
USA

REINSTATEMENT DDO

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

12/22/1995

5. FEI Number

59-3348266

Applied ☒ **SP**

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

JOHN S. BIDELESPACH

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

4703 CENTRAL AVENUE

Suite, Apt. #, Etc.

City

ST. PETERSBURG, FL

State

FL

Zip Code

33713

100004618751-3

-10/01/01-01072-029

****300.00 ****300.00

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

[Signature]

(REGISTERED AGENT MUST SIGN)

Date 9/19/01

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
PD	JOHN S. BIDELESPACH	4703 CENTRAL AVENUE	ST. PETERSBURG, FL 33713

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)(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]

JOHN S. BIDELESPACH

Date

9/19/01

Daytime Phone #

(921) 321-5678