

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 16 PM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000013083

1. Corporation Name

PHYSICIAN INSTITUTE, INC.

2. Principal Office Address

851 5th Ave N

3. Mailing Office Address

P.O. Box 727

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL 34102

City & State

Naples, FL 34106

Zip

Country

Zip

Country

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

5. FEI Number

65-0640744

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

Brown, Thomas R.

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

2660 Airport Rd. S.

Suite, Apt. #, Etc.

City

Naples,

State

FL

Zip Code

34102

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Thomas R. Brown

Date *10/9/01*

Thomas R. Brown

REGISTERED AGENT MUST SIGN

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	Myers, Richard C	350 7th St. N	Naples, FL 34102
P/D	Crone, William G.	350 7th St. N.	Naples, FL 34102
S/T/D	Morton, Edward A.	350 7th St. N.	Naples, FL 34102
D	Howard, Hubert E.	350 7th St. N.	Naples, FL 34102

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:

Edward A. Morton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (8/00)