

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 31 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000017335

1. Corporation Name

Strick Mays, M.D., P.A.
STRICKER MAYS, M.D., P.A.

2. Principal Office Address

1701 Osceola Bay Avenue

Suite, Apt. #, etc.

City & State

Niceville, Florida

Zip

32578

Country

USA

3. Mailing Office Address

1701 Osceola Bay Avenue

Suite, Apt. #, etc.

City & State

Niceville, Florida

Zip

32578

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida February 26, 1996

5. FEI Number

59-3644473

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

Stricker C. Mays

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

1701 Osceola Bay Avenue

Suite, Apt. #, Etc.

City

Niceville

State

FL

Zip Code

32578

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

Stricker C Mays

Date

3/26/04

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
P	Stricker C. Mays	1701 Osceola Bay Avenue	Niceville, Florida 32578

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:

Stricker C Mays

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04

Date

850.678.5797

Daytime Phone #

CR2E081 (01/04)