

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P96000020662**

1. Corporation Name

RICHARD J. HUGHES, M.D., P.A.

Principal Place of Business

**808 BAYSHORE DR
DESTIN FL 32541
US**

Mailing Address

**808 BAYSHORE DR
DESTIN FL 32541
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
808 Bayshore Dr.

City & State
Destin, FL

Zip
32550

Country
US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
808 Bayshore Dr.

City & State
Destin, FL

Zip
32550

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/1996

5. FEI Number

59-3363145

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HUGHES, RICHARD J MD	808 BAYSHORE DR	DESTIN FL 32541

100004740841-3
-12/27/01--01028--011
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

**HUGHES, RICHARD J MD
808 BAYSHORE DR
DESTIN FL 32541**

9. Name and Address of New Registered Agent

Name **Richard J. Hughes MD, PA**

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

808 Bayshore Dr.

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32550

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/3/01

11. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/3/01 *[Signature]*

FILED

01 DEC -5 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01

CR20040 (8/01)