

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. McManamy
Secretary of State
DIVISION OF CORPORATIONS

FILED

50 JUN 30 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000022722

1. Corporation Name

The Center for Human Reproduction-Florida, Inc.

Principal Place of Business

2454 McMullen Booth Road
Suite 601
Clearwater, FL 34619

Mailing Address

-Same-

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

2. New Principal Office Address, If Applicable

-same-

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Address, If Applicable

-same-

Suite, Apt. #, etc

City & State

Zip

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1996

5. FEI Number

59-3366203

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
P	Edward Zbella	2454 McMullen Booth Road	Clearwater, FL 34619

200002927722--3
07/09/99-01086-014
****908.75 ****908.75

8. Name and Address of Current Registered Agent

Edward Zbella
2454 McMullen Booth Road
Clearwater, FL 34619

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Month Year

Law Offices

HOLLAND & KNIGHT LLP

One Progress Plaza
200 Central Avenue, Suite 1600
P.O. Box 3542 (ZIP 33731-3542)
St. Petersburg, Florida 33701

727-896-7171
FAX 727-822-8048
<http://www.hklaw.com>

Atlanta	Northern Virginia
Boston	Orlando
Fort Lauderdale	Providence
Jacksonville	San Francisco
Lakeland	St. Petersburg
Melbourne	Tallahassee
Mexico City	Tampa
Miami	Washington, D.C.
New York	West Palm Beach

June 28, 1999

RICHARD O. JACOBS
727-727-824-6166

Internet Address:
rjacobs@hklaw.com

State of Florida
Division of Corporation
Post Office Box 6327
Tallahassee, FL 32314

Re: Application for Reinstatement
The Center for Human Reproduction-Florida, Inc.

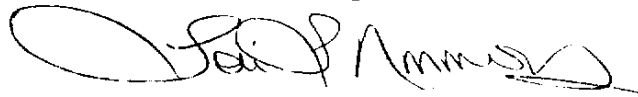
Dear Sir/Madam:

Enclosed, please find the above-referenced document for filing with the State of Florida. Also enclosed in Check No. 1109 in the amount of \$908.75.

Once filed, please return the certified copy to our office. If you have any questions, please call me.

Sincerely,

Holland & Knight LLP



Lori L. Ammons
Legal Assistant

Enclosures

cc: Edward A. Zbella, M.D.