P96000039062

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED
00 JAN 31 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Zoxanne L. Edwards,
M.D., FAAP, P.A.

*File First *

Reinstate
1-31-00
DS

Signature

Requested by: LB 1/31/00 10122
Name Date Time

Walk-In _____ Will Pick Up _____

___ Art of Inc. File
___ LTD Partnership File
___ Foreign Corp. File
___ L.C. File
___ Fictitious Name File
___ Trade/Service Mark
___ Merger File
___ Art. of Amend. File
___ RA Resignation
___ Dissolution / Withdrawal
✓ Annual Report / Reinstatement
___ Cert. Copy
✓ Photo Copy
___ Certificate of Good Standing
___ Certificate of Status
___ Certificate of Fictitious Name
___ Corp Record Search
___ Officer Search
___ Fictitious Search
___ Fictitious Owner Search
___ Vehicle Search
___ Driving Record
___ UCC 1 or 3 File
___ UCC 11 Search
___ UCC 11 Retrieval
___ Courier

RECEIVED
00 JAN 31 AM 11:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 JAN 31 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
Roxanne L. Edwards-Barbee, M.D., P.A.

Principal Place of Business
3350 Waterman Way
Tavares, FL 32778

Mailing Address

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

2. New Principal Office Address, If Applicable
3350 Waterman Way
Suite, Apt. #, etc.
City & State
Tavares, FL
Zip 32778 Country Lake

3. New Mailing Office Address, If Applicable
Same
Suite, Apt. #, etc.
City & State
Same
Zip Same Country Same

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
593382717
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D.	Roxanne L. Edwards, M.D.	22920 Wolf Branch Rd.	Sorrento, FL 32776-

700003116907--4
-02/01/00--01001--019
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent
Roxanne L. Edwards-Barbee, M.D.
500 West Burleigh Blvd.
Tavares, FL 32778

9. Name and Address of New Registered Agent
Name
Roxanne L. Edwards, M.D.
Street Address (P.O. Box Number is Not Acceptable)
3350 Waterman Way
Suite, Apt. #, Etc.
City
Tavares
State FL Zip Code 32778

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 _____ Date 01/25/00
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No (See other side for information on intangible tax.)

12. 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: _____ 1/25/00 (352) 343-1679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #