

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 MAR 17 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000040537

1. Corporation Name

GEORGE O'NEAL VINSANT, M.D., P.A.

Principal Place of Business

Mailing Address

5259 ALLOYS COURTS
JACKSONVILLE FL 32258

5259 ALLOYS COURTS
JACKSONVILLE FL 32258

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

2. New Principal Office Address, If Applicable

201 Health Park Blvd.

Suite, Apt. #, etc.

#214

City & State

St. Augustine FL

Zip

32086

Country

USA

3. New Mailing Office Address, If Applicable

201 Health Park Blvd.

Suite, Apt. #, etc.

#214

City & State

St. Augustine FL

Zip

32086

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/1996

5. FEI Number

59-3381775

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
D	VINSANT, GEORGE O'NEAL M.D.	5259 ALLOYS COURTS	JACKSONVILLE FL 32258
		201 Health Park Blvd Suite 214	St. Augustine FL 32086

8. Name and Address of Current Registered Agent

BRANT, MOORE, MACDONALD & WELLS, P.A.
50 NORTH LAURA STREET
SUITE 3100-BARNETT CENTER
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name Edward M. Booth, Jr.

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

1301 Riverplace Boulevard

Suite, Apt. #, Etc.

#2440

City

Jacksonville

State

FL

Zip Code

32207

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 3-1-1999

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

(904) 825-2491
Telephone #

CR2040 (9/98)