

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P96000063023

1. Corporation Name

BERNARD F. GERMAIN, M.D., P.A.

FILED 01 JAN -2 AM 9:29 SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

13801 BRUCE B DOWNS BLVD 101 TAMPA FL 33613

13801 BRUCE B DOWNS BLVD 101 TAMPA FL 33613



REINSTATEMENT

Handwritten initials

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2235385

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: D, GERMAIN, BERNARD F M.D., 4914 ANDROS DRIVE, TAMPA FL 33629.

200003532462 1 -01/11/01--01032--006 \*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KALISH, WILLIAM 4100 BARNETT PLAZA 101 EAST KENNEDY BOULEVARD TAMPA FL 33602

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

Handwritten signature and REGISTERED AGENT MUST SIGN stamp

Date 12/26/2000

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:

Handwritten signature and SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR stamp

12/20/00 813/978-1500 KE

Date

Daytime Phone #

CR2ED40 (8/00)