

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

98 APR 18 AM 11:23

Read Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT #**

P910000065368

Emmanuel Bilirakis, M.D., P.A.
3559 Woodridge Place
Palm Harbor, Florida 34684

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

2626 Tampa Road

Address

#202

City and State

Palm Harbor, Florida

Zip Code

34684

3. Date Incorporated or Qualified To Do Business in Florida

August 1, 1996

4. FEI Number

59-3398879

FEI Number Applied For

FEI Number Not Applicable

5. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P. D	Emmanuel Bilirakis	2626 Tampa Road, #202	Palm Harbor, Florida 34684

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04/21/98--01033--011

******900.00 ****900.00**

REINSTATEMENT

97-98
A. Bilirakis
4/18/98

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Emmanuel Bilirakis
3559 Woodridge Place
Palm Harbor, Florida 34684

8. Name and Address of New Registered Agent and/or Office

Name

Emmanuel Bilirakis

Street Address (Do NOT Use P.O. Box Number)

2626 Tampa Road

Street Address (Do NOT Use P.O. Box Number)

#202

City and State

Palm Harbor

FL.

Zip

34684

9. 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

Emmanuel Bilirakis MD

Emmanuel Bilirakis

Date **4/16/98**

REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information)

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 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., 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 of Officer or Director

Emmanuel Bilirakis MD

Date **4/16/98**

Daytime Phone #

Emmanuel Bilirakis

Type or printed name of signing officer or director