

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
J. M. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 24 AM 9:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000082288

1. Corporation Name

DON HARVEY, M.D., P.A.

Principal Place of Business

Mailing Address

2613 59TH STREET
SARASOTA FL 34243

2613 59TH STREET
SARASOTA FL 34243

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

10/04/1996

5. FEI Number

☒ 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)

1 Title(s)	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 / State / Zip
President	DON HARVEY M.D.	2613 59th St	SARASOTA, FL 34243
Secretary	DONNA L. HARVEY	2613 59th St	SARASOTA, FL 34243

000002358110--1
-11/26/97--01087--013
****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAMBRECHT, WILLIAM G
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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

William G Lambrecht

Date 11/3/97

REGISTERED AGENT MUST SIGN

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:

DON M. HARVEY M.D. P.A. 11/3/97 (941)3515713

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2

To whom it may concern,

November 3, 1997

I called your agency after I received a letter indicating that my corporation had been revoked. She indicated that you would have mailed me documents earlier in the year notifying me of annual corporate dues. For some reason I did not receive those documents. At no time did I consider cancelling my corporation. She instructed me to send you a check for \$165 and include this letter explaining what had happened.

Thank you for your consideration,

A handwritten signature in black ink, appearing to read "Don Harvey".

Don Harvey M.D. P.A.