

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 18 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000084098

1. Corporation Name

Howard B. Weiss, D.O., P.A.

2. Principal Office Address

6800 Southpoint Pkwy

Suite, Apt. #, etc.

Suite 101

City & State

Jacksonville, FL

Zip

32216

Country

U.S.

3. Mailing Office Address

6800 Southpoint Pkwy

Suite, Apt. #, etc.

Suite 101

City & State

Jacksonville, FL

Zip

32216

Country

U.S.

REINSTATEMENT

2001

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/09/96

5. FEI Number

59-3403905

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Volpe, Bajalia, Wickes & Rogerson

10000465825-5

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

1301 Riverplace Blvd.

10/23/01-01105-025

****758.75 ****758.75

Suite, Apt. #, Etc.

Suite 1700

City

Jacksonville

State

FL

Zip Code

32207

LS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Stephen M. Bajalia

REGISTERED AGENT MUST SIGN

Date 10/16/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Howard B. Weiss	6800 Southpoint Pkwy, 101	Jacksonville, FL 32216

10. 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

Howard B. Weiss D.O. 10/16/01 (904) 296-9939

Date

Daytime Phone #

CR2E031 (8/00)