

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 4:17

DOCUMENT # P96000086152

1. Corporation Name

ALBERT J. BAZO, M.D., P.A.

2. Principal Office Address

3200 S.W. 34th Avenue

Suite, Apt. #, etc. Bldg. 500
Suite 502

City & State

Ocala, Florida

Zip

34474

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida Oct. 18, 1996

5. FEI Number

593405098

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

Albert J. Bazo

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

3200 S.W. 34th Avenue

Suite, Apt. #, Etc.

Bldg. 500, Suite 502

City

Ocala

State
FL

Zip Code
34474

100004641621-9

-10/18/01--01049--008

***1050.00 ***1050.00

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

Albert J. Bazo

REGISTERED AGENT MUST SIGN

Date

Oct 9, 2001

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
Pres.	Albert J. Bazo	3200 S.W. 34th Avenue Bldg. 500, Suite-502	Ocala, Florida 34474

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:

Albert J. Bazo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 9, 2001

Date

(352) 237-0130

Daytime Phone #