

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

97 DEC -1 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000097284**

1. Corporation Name

**BARIATRICS, INC.**

Principal Place of Business  
**38 ST GEORGE PL  
PALM BEACH GARDENS FL 33418**

Mailing Address  
**38 ST GEORGE PL  
PALM BEACH GARDENS FL 33418**



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<br><b>12/03/1996</b>                                     |  |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc.                          |         | 5. FEI Number<br><b>91-1781635</b>                                                                                   |  |
| City & State                                   |         | City & State                                 |         | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/>                                   |  |
| Zip                                            | Country | Zip                                          | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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               |
|------------|-------------------------------------|---------------------------------------------------------------------------------------|------------------------------------|
| <b>D</b>   | <b>DUFF, W. REX M.D.</b>            | <b>38 ST GEORGE PL</b>                                                                | <b>PALM BEACH GARDENS FL 33418</b> |
|            |                                     |                                                                                       |                                    |
|            |                                     |                                                                                       |                                    |
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|            |                                     |                                                                                       |                                    |
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|            |                                     |                                                                                       |                                    |

**400002364444--2**  
**-12/05/97--01082--024**  
**\*\*\*\*165.00 \*\*\*\*165.00**

**A97 12/14**

8. Name and Address of Current Registered Agent

**CAROTHERS, BARRY  
6650 W INDIANTOWN RD  
SUITE 200  
JUPITER FL 33458**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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

*Barry Carothers*  
REGISTERED AGENT MUST SIGN

Date **11/25/97**

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:

*W Rex Duff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-20-97** (361) 624-6130  
Date Daytime Phone #

**Bariatrics, Inc.**  
38 St. George Place  
Palm Beach Gardens, Florida 33418

November 19, 1997

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: W. Rex Duff  
38 St. George Place  
Palm Beach Gardens, FL 33418  
Document #: P96000097284

Gentlemen:

Enclosed is the application for reinstatement and a check for the annual report fee of \$165. I respectfully request that the reinstatement fee be waived since this is the corporation's first year and I was unaware that an annual report would have to be filed in addition to the income and franchise tax returns. Also, I have had delays and problems with the mail service at the above address. However, this is the correct address. If you have any questions, please call my accountant, Michael Robinson, CPA, at Kelley, Galloway & Company, PSC, (606) 329-1811.

Sincerely,



W. Rex Duff, MD

Enclosures