

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 MAR 14 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000103164

1. Corporation Name

Kilgore Medical Services and
Consulting, Inc.

2. Principal Office Address

620 Twiggs Street

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33602

Country

U.S.A.

3. Mailing Office Address

620 Twiggs Street

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33602

Country

U.S.A.

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

December 20, 1996

5. FEI Number

59-3415991

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

Eric K. Allen

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

170 North Florida Avenue

Suite, Apt. #, Etc.

City

Bartow

State
FL

Zip Code
33830

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

Date March 12, 2001

REGISTERED AGENT MUST SIGN

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 D	Cindy J. Kilgore	620 Twiggs Street	Tampa, Florida 33602
			000003856778 -03/16/01--01105--032 ****900.00 ****900.00

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:

March 12, 2001

813-654-9545

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)