

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 10 AM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000002902

1. Corporation Name

Cordova Orthopedic Associates PA

2. Principal Office Address - No P.O. Box #

5120 Bayou Blvd

Suite, Apt. #, etc.

Suite 2

City & State

Pensacola FL

Zip

32503

Country

USA

3. Mailing Office Address

5120 Bayou Blvd

Suite, Apt. #, etc.

Suite 2

City & State

Pensacola FL

Zip

32503

Country

USA

200162639622
11/09/09--01060--018 **458.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

1/10/1997

5. FEI Number

59-3417150

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

Tappan, Douglas

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

5120 Bayou Blvd

Suite, Apt. #, Etc.

Suite 2

City

Pensacola

State

FL

Zip Code

32503

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Tappan
REGISTERED AGENT MUST SIGN

Date 11-2-2009

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
<u>D</u>	<u>Tappan, Douglas</u>	<u>5120 Bayou Blvd Ste 2</u>	<u>Pensacola FL 32503</u>

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 contained in Chapter 119, 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:

Tappan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-2009

Date

850 474-1925

Daytime Phone #