

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 OCT -4 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007963

1. Corporation Name

Florida Ear & Balance Center, P.A.

2. Principal Office Address

400 Celebration Place

Suite, Apt. #, etc.

Suite A360

City & State

Celebration, FL

Zip

34747

Country

USA

3. Mailing Office Address

400 Celebration Place

Suite, Apt. #, etc.

Suite A360

City & State

Celebration, FL

Zip

34747

Country

USA

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

January 21, 1997

5. FEI Number

59-3421689

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

Joseph R. Panzl

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

163 E. Morse Blvd.

Suite, Apt. #, Etc.

Suite 200

City

Winter Park, FL 32789

State

FL

Zip Code

32789

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

Joseph R. Panzl
REGISTERED AGENT MUST SIGN

Date 10/3/01

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
D/P/ S/T	James A. Atkins, Jr.	400 Celebration Place Suite A360	Celebration, FL 34747
			500004627545--4 -10/08/01 01085 004 ****750.00 ****750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/01

Date

407-303-4220

Daytime Phone #