

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 APR 25 11:10:04

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000009558**

1. Corporation Name

Medical Office Properties, Inc

700102359877
05/15/07--01001--009 **1500.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
661 Blanding Blvd. PMB 280

3. Mailing Office Address
661 Blanding Blvd., PMB 280

Suite, Apt. #, etc.
Suite 103

Suite, Apt. #, etc.
Suite 103

City & State
Orange Park, FL

City & State
Orange Park, FL

Zip
32073

Country
USA

Zip
32073

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **1/23/97**

5. FEL Number
59-3424193

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
Gary Tullis

Street Address (P.O. Box Number is Not Acceptable)
8825 Perimeter Park Blvd

Suite, Apt. #, Etc.
Suite 102

City
Jacksonville

State
FL

Zip Code
32216

☐ 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

Date **4/11/07**

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/V	Walter Smithwick, III	4708 Prince Edward Road	Jacksonville, FL 32210
T/S	Cornelia C. Smithwick	4708 Prince Edward Road	Jacksonville, FL 32210

REINSTATEMENT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter Smithwick, III

4/11/07

904-608-0822

Date

Daytime Phone #