

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 4:08

DOCUMENT # P97000013616

1. Corporation Name

RICHARD L. SMITH, M.D., P.A.

Principal Place of Business

Mailing Address

~~7600 DR. PHILLIPS BOULEVARD~~
~~SUITE 2 BOX 116~~
~~ORLANDO FL 32819~~

~~7600 DR. PHILLIPS BOULEVARD~~
~~SUITE 2 BOX 116~~
~~ORLANDO FL 32819~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 00

2. New Principal Office Address, If Applicable 138 E GORE ST. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable PO BOX 568866 Suite Apt # etc		4. Date Incorporated or Qualified To Do Business in Florida 02/12/1997	
City & State ORLANDO, FL		City & State ORLANDO FL		5. FEI Number 65-0727954 Applied For Not Applicable	
Zip 32806 Country Orange		Zip 32856-8866 Country Orange		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)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SMITH, RICHARD L. M.	9144 GALLEON CT	ORLANDO FL 32819
			500003463785-5 -11/15/00-01025-017 *****8.75 *****8.75
			500003463785-5 -11/15/00-01025-018 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, RICHARD L.
9144 GALLEON CT.
ORLANDO FL 32819

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

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/26/00

11. 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 REQUIRED
Richard L. Smith, MD.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/00
Date

(407) 6500033
Daytime Phone #