

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 DEC 26 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000018908

1. Corporation Name

Barbara P. Srur, M.D., P.A.

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

1991 Hyde Park St

Suite, Apt. #, etc.

3. Mailing Office Address

1991 Hyde Park St.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34239

Country

Sarasota

Zip

34239

Country

Sarasota

**REINSTATEMENT**

13

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

2/28/1997

5. FEI Number

650 72 3672

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Active

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Barbara P. Srur

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

1991 Hyde Park Street

Suite, Apt. #, Etc.

City

Sarasota, FL

State

FL

Zip Code

34239

900255619049  
01/14/14--01035--017 \*\*758.75

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

*Barbara P. Srur*  
REGISTERED AGENT MUST SIGN

Date 12/26/13

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	Barbara P. Srur	1991 Hyde Park St.	Sarasota, FL 34239

10. E-mail Address: Barbara.srur@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Barbara P. Srur*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/13 941-914-3434  
Date Daytime Phone