

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 30 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000029425

1. Corporation Name

MEDICAL BURNOUT, INC.

Principal Place of Business

Mailing Address

210 S. THORNTON AVE.
ORLANDO FL 32801

210 S. THORNTON AVE.
ORLANDO FL 32801

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32789

ORANGE

32789

Orange

REINSTATEMENT 98

4. Date Incorporated or Qualified
Business in Florida

03/24/1997

5. FEI Number

59-3437270

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	DZIABIS, STEVEN P	100 DETMAR	WINTER PARK FL 32789
VTD	LANT, THOMAS W	210 S. THORNTON AVE.	ORLANDO FL 32801
			500002703395-5
			-12/04/98-01076-001
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANT, THOMAS W
210 S. THORNTON AVE.
ORLANDO FL 32801

Name

THOMAS W. LANT

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

1330 LAKE KNOWLES Circle

Suite, Apt. #, Etc.

#

City

WINTER PARK

State

FL

Zip Code

32789

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

11/24/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

11/24/98

Date

Daytime Phone #

407 700-8098

CR20040 (9/98)