

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
02 NOV 6
 FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 02 NOV -6 PM 12:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000070198**
 1. Corporation Name
LEO V. YASON, M.D., P.A.

Principal Place of Business Mailing Address
12200 CORTEZ BLVD 12200 CORTEZ BLVD
BROOKSVILLE FL 34613 BROOKSVILLE FL 34613



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

4. Date incorporated or Qualified To Do Business in Florida		08/13/1997
5. FEI Number	59-3462075	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPST	YASON, LEO V	12200 CORTEZ BLVD	BROOKSVILLE FL 34613

100008832631
 11/06/02--01092--014 **158.75

Handwritten signature/initials

8. Name and Address of Current Registered Agent
YASON, LEO V
12200 CORTEZ BLVD
BROOKSVILLE FL 34613

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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. or 617.0505, F.S.

Signature of Registered Agent **X** **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN
 Date **X** **10/21/02**

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: **X** **SIGNATURE REQUIRED** **Leo V. Yason**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **10/29/02**
 Daytime Phone # **352-596-4562**

CR2E040 (8/02)

Leo V. Yason, M.D.
Diplomate Board of Psychiatry & Neurology

12200 Cortez Boulevard
Brooksville, FL 34613
(352) 596-4562

November 1, 2002

Florida Department of State

RE: Leo V. Yason, M.D.
FEI Number 59-3462075

Gentlemen:

This is to inform you that I did not receive the 2002 notice or renewal for the corporation. I only found out that it had lapsed when I got a letter of reinstatement from you this week. I had no intention to cancel this corporation.

Kindly waive the late fees requested because of this situation and kindly inform me of your decision. Thank you very much.

Sincerely yours,

Leo V. Yason, M.D.

:sds