

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 11 PM 4:00

DOCUMENT # P97000072692

1. Corporation Name

RON CLEVELAND CONCEPTS OF SURGERY, INC.

2. Principal Office Address

1057 Buckbean Branch Lane

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32259

Country

United States

3. Mailing Office Address

1057 Buckbean Branch Lane

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32259

Country

United States

4. Date Incorporated or Qualified

To Do Business in Florida

5. FEI Number

59-3465362

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

RONALD L. CLEVELAND

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

1057 Buckbean Branch Lane

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32259

100005025011-6

02/28/02-01002-008

****450.00 ****450.00

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

R. L. Cleveland

Date

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
DPST	Ronald L. Cleveland	1057 Buckbean Branch Ln.	Jacksonville, FL 32259
VP	Susan R. Cleveland	1057 Buckbean Branch Ln.	Jacksonville, FL 32259

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 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:

R. L. Cleveland

Ronald L. Cleveland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 241-2533

Daytime Phone #

CR2E081 (9/00)