

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED
 98 DEC 21 AM 11:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000084436

1. Corporation Name

THOMAS M. KERR, M.D., P.A.

Principal Place of Business

Mailing Address

4600 N. HABANA, STE. 28
 TAMPA FL 33614

4600 N. HABANA, STE. 28
 TAMPA FL 33614



REINSTATEMENT 98

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/30/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3422525	
				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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	KERR, THOMAS M	4600 N. HABANA, STE. 28	TAMPA FL 33614

100002724151-1
 -12/29/98-01003-018
 ****750.00 ****750.00

11/20/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BERGEN, AMY L 401 E. JACKSON ST., STE. 2500 TAMPA FL 33602		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.

Signature of Registered Agent: Amy L Bergen REGISTERED AGENT MUST SIGN

Date: 11/30/98 AM

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)(j), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 12-3-98 Daytime Phone #: 348-9088

CR2E040 (9/98)