

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 APR 13 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT #

PG7000085958

1. Corporation Name

CHRIS M. NUSSBAUM, M.D., P.A.

2. Principal Office Address

119 Oakfield Dr.

3. Mailing Office Address

4132 Moreland Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, Florida

City & State

Valrico, Florida

Zip

33511

Country

Hillsborough

Zip

33594

Country

Hillsborough

**REINSTATEMENT**

09-00

4. Date Incorporated or Qualified  
To Do Business in Florida

10-01-97

5. FEI Number

59-3480742

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

Chris M. Nussbaum

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

4132 Moreland Drive

Suite, Apt. #, Etc.

600003220906

-04/24/00--01119--020

\*\*\*\*900.00 \*\*\*\*900.00

City

Valrico,

State

FL

Zip Code

33594

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

*Chris M. Nussbaum*

Date 4-1-00

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
Pres Sec. Treas.	Chris M. Nussbaum	4132 Moreland Drive	Valrico, FL 33594
VP	Cindy Nussbaum	4132 Moreland Drive	valrico, FL 33594

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Chris M. Nussbaum*  
CHRIS M.  
NUSSBAUM

Date

Daytime Phone #

4/1/00 813-662-6692

CR2E081 (9/99)