

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY -3 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000103400

1. Corporation Name

JAMES R. HODGE, P.A.

Principal Place of Business

Mailing Address

542 NORTH U.S. ONE
TEQUESTA FL 33469

542 NORTH U.S. ONE
TEQUESTA FL 33469

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

12/08/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0801960

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D	HODGE, JAMES R D.M.D.	542 NORTH U.S. ONE	TEQUESTA FL 33469
			200005507482--5 -05/14/02-01001-010 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HODGE, JAMES R D.M.D.
542 NORTH U.S. ONE
TEQUESTA FL 33469

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

James Hodge

REGISTERED AGENT MUST SIGN

Date

4/30/02

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:

James Hodge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/02
561-745-1174

Daytime Phone #

CR2040 (8/01)

4-30-02

Dear Sir or Madam:

Enclosed is my check for \$300 for
renewal of Corporation annual business report.
As per our conversation with your office today,
I am giving written confirmation that I did not
receive last years notice. There are 2 Dr. Hodges
in the immediate area, perhaps it was sent there in
error.

Please renew the corporation, enclosed is
the \$300 fee along with the application which
is signed.

Thank You very much.

Sincerely,

Dr. James R. Hodge