

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P97000107931

1. Corporation Name

DOCTORS' MEDICAL PLAZA MANAGEMENT COMPANY OF PINELLAS COUNTY, INC.

Principal Place of Business

Mailing Address

6450 38TH AVE. N., SUITE 310
ST. PETERSBURG FL 33710

6450 38TH AVE. N., SUITE 310
ST. PETERSBURG FL 33710

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. 310

Suite, Apt. #, etc. 310

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/19/1997

5. FEI Number
59-3531891

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Stephen L. Moss	6540 38th Avenue N, Ste 310	St Petersburg, FL 33710
VP	Donald J. Amodeo	6540 38th Avenue N.	St. Petersburg, FL 33710
Sec/T	Leo Teytelbaum	6540 38th Avenue N.	St. Petersburg, FL 33710

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOBS, RICHARD O
200 CENTRAL AVE., SUITE 1600
ST. PETERSBURG FL 33701

Name
Stephen L. Moss

Street Address (P.O. Box Number is Not Acceptable)
6540 38th Avenue N

Suite, Apt. #, Etc.
310

City
St. Petersburg

State
FL

Zip Code
33710

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

NO REINSTATEMENT REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-2-98

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)(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:

NO REINSTATEMENT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-98

Date

(727) 347 8872

Daytime Phone #

CR2E040 (3/98)