


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

00 DEC -5 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000108059

1. Corporation Name

J.T. ERWIN, M.D., P.A.

Principal Place of Business

Mailing Address

12843 US HWY 19  
HUDSON FL 33567

12843 US HWY 19  
HUDSON FL 33567

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.		12/17/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-3484867	
				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	4. City / State / Zip
D	ERWIN, J T	12843 US HWY 19	HUDSON FL 33567

300003505733--7  
12/19/00 01054 002  
\*\*\*\*150.00 \*\*\*\*150.00

DUUBR 1178

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DIAZ, DEBORA A BLAESING & DIAZ, ATTORNEYS AT LAW 5945 FLORIDA AVENUE NEW PORT RICHEY FL 34652		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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

  
REGISTERED AGENT MUST SIGN

Date

11/8/2K

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:  M.D. P.A. 11/8/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (8/00)

P97000108059

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**JT Erwin, MD PA**  
12843 US 19  
Hudson, Fl 34667  
727-863-5242

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Notice of Dissolution

Dear Sirs:

Today I received a form titled notice of dissolution regarding our corporation. We are a new corporation, and I was not aware that these fees were due. I did not receive the original request from you, only this form indicating that it was late and that a late fee was now due. Since I did not receive the original request, I am asking that you please waive the late fees. I am enclosing a check in the amount of \$150.00, as you requested on the phone.

Thank you for your consideration in this matter.

Sincerely,

*JT Erwin*

JT Erwin, MD PA

Enclosures

JTE: mlb