

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 14 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000006038

1. Corporation Name

PHILLIP DAVIS, M.D., P.A.

2. Principal Office Address

4352 Tidewater Dr.

3. Mailing Office Address

200 S. Orange Ave, Ste.2300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o A.G.C. Co.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32812

Country

Zip

32801

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3493322

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

900016322739  
04/18/03--01041--017 \*\*300.00

7. Name and Address of Current Registered Agent

Name

A.G.C. Co.

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

200 S. Orange Avenue

Suite, Apt. #, Etc.

Suite 2300

City

Orlando

State

FL

Zip Code

32801

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

Date

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
D	Davis, Phillip, M.D.	4352 Tidewater Drive	Orlando, FL 32812

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:

Phillip Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

4115

**BAKER**  
&  
**HOSTETLER** LLP  
COUNSELLORS AT LAW

200 SOUTH ORANGE AVENUE • SUNTRUST CENTER, SUITE 2300 • P.O. BOX 112 • ORLANDO, FLORIDA 32802-0112 • (407) 649-4000  
FAX (407) 841-0168

April 7, 2003

Annual Reports Filings  
Division of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

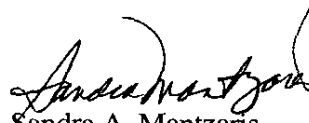
Re: Corporation Reinstatement for Phillip Davis, M.D., P.A.  
Document No. P98000006038

Dear Sir or Madam:

Pursuant to our telephone conversation, enclosed please find a Corporation Reinstatement form along with a check in the amount of \$300.00 representing the filing fee for the years 2002 and 2003 for the above-referenced entity

If you have any questions regarding this matter, please do not hesitate to contact our office.

Very truly yours,



Sandra A. Mantzaris  
Legal Assistant, Corporate Maintenance

Enclosures

cc: Karen Stedronsky, Esq.

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