

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 AUG -6 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PR000015282**

1. Corporation Name **THE Country Doctors Office, Inc.**

000004554850--0

-08/24/01--01038--013

\*\*\*1050.00 \*\*\*1050.00

2. Principal Office Address

**THE Country Doctors Office, Inc. THE Country Doctors Office, Inc.**

Suite, Apt. #, etc.

**116 EAST PARK AVE.**

City & State

**CHIEFLAND, FL.**

Zip

**32644**

Country

**LEU4**

3. Mailing Office Address

**THE Country Doctors Office, Inc. THE Country Doctors Office, Inc.**

Suite, Apt. #, etc.

**P.O. Box 2497**

City & State

**CHIEFLAND, FL.**

Zip

**32644**

Country

**LEU4**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/16/1998**

5. FEI Number

**59-3491936**

Applied For

Not Applicable

6. **Not Required**  
CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Phillip K. Beck**

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

**11151 NW 115th St.**

Suite, Apt. #, Etc.

**P.O. Box 875**

City

**Chiefland, FL.**

State  
**FL**

Zip Code

**32644**

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

**Phillip K. Beck**

Date

**July 26, 2001**

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

**P/D. William J. Mott D.O.**

**228 SE. AVE.  
CHIEFLAND, FL. 32644**

**CHIEFLAND, FL. 32644**

**S/T Dave Griffiths CPA**

**500 NW AVE, UNIT 35  
DUNEDIN, FL. 34698**

**DUNEDIN, FL. 34698**

**900.00-ADM**

**61.25-AR**

**88.75-AR**

**REINSTATEMENT**

**9/01**

**[Signature]**

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:

**William J. Mott**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/26/01**

Date

**(352) 490-5100**

Daytime Phone #

CR2E081 (9/00)