

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 1:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000026889

1. Corporation Name

BEE RIDGE FAMILY CLINIC, INC.

Principal Place of Business

Mailing Address

3920 BEE RIDGE ROAD BLDG. E STE. H
SARASOTA FL 34233

3920 BEE RIDGE ROAD BLDG. E STE. H
SARASOTA FL 34233

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

7275 Bee Ridge Rd
Suite, Apt. #, etc.

7275 Bee Ridge Rd
Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip
34233

Zip
34233

REINSTATEMENT 03



300024102873

11/13/03--01054--020 **158.75

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1998

5. FEI Number

65-0821632

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|---|
| D. | HERMANN, CECELIA M | 3920 BEE RIDGE ROAD BLDG. E ST | SARASOTA FL 34233 |
| | | | 300024102873 10/27/03--01019--023 **600.00 |
| | | | 300024102873 11/07/03--01079--000 **158.75 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

HERMANN, CECELIA M
3920 BEE RIDGE ROAD BLDG. E STE. H
SARASOTA FL 34233

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

C. M. Hermann

REGISTERED AGENT MUST SIGN

Date

10 22 03

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:

C. M. Hermann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10 22 03

Daytime Phone #

941 927 6807

CR2E040 (7/03)