

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 29 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

900034549409
04/29/04--01017--003 **8.75

900034549409
04/29/04--01017--002 **900.00

DOCUMENT # P98000032556

1. Corporation Name

Jeffrey T. Beams, D.O., P.A.

2. Principal Office Address

1502 W. Busch Blvd.

3. Mailing Office Address

18113 Regents Square Drive

Suite, Apt. #, etc.

Suite H

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33612

Country

US

Zip

33612

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/09/1998

5. FEI Number

59-3521709

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Olga M. Pina, Esq., c/o Fowler White Boggs Banker

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

501 E. Kennedy Blvd.

Suite, Apt. #, Etc.

Suite 1700

City

Tampa

State

FL

Zip Code

33602

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

Olga M. Pina

REGISTERED AGENT MUST SIGN

Date

4-27-04

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
T	Beams, Jeffrey T.	1502 W. Busch Blvd., Suite H	Tampa, FL 33612

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)(l), 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:

Jeffrey T. Beams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/04

Daytime Phone #

813-932-
9265

CR2E081 (01/04)