

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Flood
Secretary

DIVISION OF CORPORATIONS

FILED

03 NOV 17 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000036623

1. Corporation Name

CARMELITA LIM, M.D., AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5909 US HIGHWAY 27 NORTH
SEBRING FL 33870
US

5909 US HIGHWAY 27 NORTH
SEBRING FL 33870



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

83

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1998

5. FEI Number

65-0845867

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
PT	LIM, MD, ABRAHAM	5909 US HIGHWAY 27 NORTH	SEBRING FL 33870
PRES VPS	LIM, MD, CARMELITA	5909 US HIGHWAY 27 NORTH	SEBRING FL 33870

400024184614
10/28/03--01006--015 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~LIM, ABRAHAM M.D.~~
~~5909 US HIGHWAY 27 NORTH~~
~~SEBRING FL 33870~~

Name

CARMELITA LIM MD

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

2315 US 27 N.

Suite, Apt. #, Etc.

City

AVON PARK

State

FL

Zip Code

33825

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

Carmelita Lim
REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

Carmelita Lim
CARMELITA B. LIM MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/03

Daytime Phone #

863 453-4040

CR2E040 (7/03)