

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 25 PM 4:00

DOCUMENT # P98000050581

1. Corporation Name

LANCE Y. KIM, D.O., PA.

2. Principal Office Address

1503 SW 18TH AVE.

Suite, Apt. #, etc.

City & State

Ocala

Zip

FL

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

SUMMER 198

5. FEI Number

65-0841496

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

MARIE L. KIM

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

1503 SW 18TH AVE.

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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

REGISTERED AGENT MUST SIGN

Date

2/18/02

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	LANCE Y KIM	225 SE 61 ST CT.	OCALA, FL. 34474
			AD

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LANCE Y. KIM

Date

2/18/02

Daytime Phone #

352-867-9877

CR2E081 (9/01)

-2-

Lance Y. Kim, D.O., P.A.

*Specializing in Neurology
& Neuromuscular Diseases*



*Diplomate, American Board of Psychiatry & Neurology
Diplomate, American Board of Electrodiagnostic Medicine
Diplomate, American Board of Independent Medical Examiners
Fellow of the Royal Society of Medicine*

February 19, 2002

To Whom It May Concern,

I am writing to request a reinstatement of corporation for Lance Y. Kim, D.O., P.A. Dr. Kim left his previous practice and address at 1635 S.W. First Ave., Ocala and the appropriate annual business filing forms never reached him at his new address, which is 1503 S.W. First Ave, Ocala, FL. 34474. Therefore, enclosed is an application for corporate reinstatement, along with a check for \$300.00 for the filing fee.

In advance, thank you for your attention to this matter.

Sincerely,

Marie L. Kim

Registered Agent for Lance Y. Kim, D.O., P. A.