PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

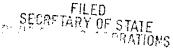
P98000060099 DOCUMENT #

1. Corporation Name

ROBERT S. FRANCO, M.D., P.A.

Principal Place of Business

Mailing Address



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JACKSOVILLE FL 32244 JA			JACKSOVILLE	5509 FAIRLANE OR JACKSOVILLE FL 32244							
						R	TZIMIZ	ATFMENT	,	W	
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							4 Date Incorn	orated or Qualified			
2. New Pfilicipal Office Address, if Applicable 3. New Wildin						To Do Business in Florida 07/02/1998					
Suite, Apt. #, etc. Suite, Apt. #				, etc.			5. FEI Number		1	ied For	
City & State - City			City & State	State			-	59-3519652	Not.	Applicable	
Zip Country Zip			Zip		Country	. 110	6. CERTIFICATE	6. CERTIFICATE OF STATUS DESIRED S8.75 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) Name of Officers and/or Directors			Street Address of Eac Officer and/or Director				City / State / Zip				
D	FRANCO, ROBERT S M.D.			5509 FAIRLANE DR			•	JACKSOVILLE FL 32244			
							1_	00003491 -12/08/00(****750.00			
				- 							
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent					
						Name					
FRANCO, ROBERT S M.D.					Street Address ((P.O. Box Number is Not Acceptable)			
5509 FAIRLANE DR				Suite, Apt. #, Etc							
JACKSOVILLE FL 32244				Odito, 74%. #, 230			:				
						City		State FL	Zip Code		
10. I, being appointed the registered agent of the above named cerporation, am familiar with and accept the obligations of Section 607.0505, F.S.											
Signature of Registered Agent PEDEQUIRED Date 1/114/00											
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 filling 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.											
SIGNA	TURE: SISMATERE REQU					ED.		11/14/00	/ AD		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #											

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