

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 28 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA8 0000 66006

1. Corporation Name

DAVID G. FANNEY D.O., P.A.

400024204914
10/28/03--01043--018 **450.00

2. Principal Office Address

4241 NW AMERICAN LANE

Suite, Apt. #, etc.

City & State

LAKE CITY, FLORIDA

Zip
32055

Country
U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/98

5. FEI Number

59-3532616

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

DAVID G. FANNEY

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

RT.15 BOX 3082

Suite, Apt. #, Etc.

City

LAKE CITY

State

FL

Zip Code

32024

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 ☒

10/20/03

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
D	DAVID G. FANNEY	RT. 15 BOX 3082	LAKE CITY, FL 32024

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: ☒

DAVID G. FANNEY, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-2003

CR2E081 (10/02)



SHIELDS & JOHNSON
CERTIFIED PUBLIC ACCOUNTANTS

Robert Gary Shields, C.P.A.
Richard J. Johnson, C.P.A.
Flarzell N. Strickland, C.P.A.

1756 S.W. Barnett Way
Lake City, Florida 32025-8901
Phone: (386) 752-8264
Fax: (386) 752-8255

October 20, 2003

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Taxpayer recently learned that his corporation was administratively dissolved for failure to file his annual report. Taxpayer has not received any notice since 2001. This was probably the result of numerous address changes including those related to 911 re-numbering.

Taxpayer has enclosed his check for \$450 to cover the annual filing fee for the years 2001, 2002, and 2003 and a completed "Corporation Reinstatement" form. Taxpayer respectfully request that any late filing fees and related charges be waved for reasonable cause.

Respectfully submitted,


Richard J Johnson CPA