

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000072647

1. Corporation Name

HUNT CLUB PEDIATRIC ASSOCIATES, P.A.

Principal Place of Business

~~554~~ HUNT CLUB BLVD.
APOPKA FL 32703

Mailing Address

~~554~~ HUNT CLUB BLVD.
APOPKA FL 32703

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~425 S. HUNT CLUB BLVD.~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~425 S. HUNT CLUB BLVD.~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/17/1998

5. FEI Number

59-3527825

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
P	CHABAN, CARLOS M.D.	554 HUNT CLUB BLVD. 425	APOPKA FL 32703
			800024993438 11/25/03-01002-007 **750.00

8. Name and Address of Current Registered Agent

LEFEVRE, KEITH H
~~225 EAST ROBINSON ST., STE. 540~~
~~ORLANDO FL 32801~~

9. Name and Address of New Registered Agent

Name

(address change only)

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

157 E. LAKE BRANTLEY DR.

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32779

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-18-2003

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/03

Date

10:05A.T
Daytime Phone #

CR2ED40 (7/03)