

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL -8 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000079438

1. Corporation Name

MICHAEL G. HILL, MD, PA.

2. Principal Office Address

26540 ACE AVE

Suite, Apt. #, etc.

102

3. Mailing Office Address

26540 ACE AVE.

Suite, Apt. #, etc.

102

City & State

LEESBURG, FL

City & State

LEESBURG, FL

Zip

34748-8279

Country

LAKE

Zip

34748-8279

Country

LAKE

4. Date Incorporated or Qualified

To Do Business In Florida 09-15-1998

5. FEI Number

59-3519992

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

MICHAEL G. HILL

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

26540 ACE AVE

Suite, Apt. #, Etc.

STE. 102

City

LEESBURG

State

FL

Zip Code

34748-8279

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

[Signature]

Date

7-2-03

REGISTERED AGENT MUST SIGN

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
PRES.	MICHAEL G. HILL	26540 ACE AVE., STE. 102	LEESBURG, FL 34748-8279

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.

MICHAEL G. HILL

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 7/2/03

Date

(352) 728-3252

Daytime Phone #

CR2E061 (10/02)