

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 23 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000080352**

1. Corporation Name

Mildred T. Trevett, MD, PA

800008138598--3
-10/02/02--01003--016
****900.00 ****900.00

2. Principal Office Address

720 W. Oak Street

Suite, Apt. #, etc.

Suite 314

City & State

Kissimmee, FL

Zip

34741

Country

US

3. Mailing Office Address

4056 Newberry Rd

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32607

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9/14/98

5. FEI Number

59-3532987

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

Mildred T. Trevett

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

720 W. Oak Street

Suite, Apt. #, Etc.

Suite 314

City

Kissimmee

State

FL

Zip Code

34741

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

Mildred T. Trevett

Date

9/15/02

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
D	Mildred T. Trevett	720 W. Oak Street, #314	Kissimmee, FL 34741

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:

Mildred T. Trevett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/15/02

Daytime Phone #

CR2E081 (9/01)