

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 15 PM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000087967**

1. Corporation Name

LINDA J. BADILLO, M.D., P.A.

Principal Place of Business

**4809 GRAND BLVD., STE. #4801
NEW PORT RICHEY FL 34652**

Mailing Address

**4809 GRAND BLVD., STE. #4801
NEW PORT RICHEY FL 34652**



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1998

5. FEI Number

59-3539808

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BADILLO, LINDA J M.D.	4809 GRAND BLVD., STE. #4801 5622 MARINE PKWY ST 8	NEW PORT RICHEY FL 34652

800009035518
11/15/02--01096-020 **150.00

8. Name and Address of Current Registered Agent

BADILLO, LINDA J M.D.
4809 GRAND BLVD., STE. #4801
NEW PORT RICHEY FL 34652

9. Name and Address of New Registered Agent

Name

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

5622 MARINE PKWY ST 8

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02
Date

727-863-5418
Daytime Phone #

Linda J. Badillo, M.D., P.A.
5622 Marine Parkway 5558
New Port Richey, FL 34652

October 23, 2002

Division of Corporations
Annual Report/Reinstatement Section
Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Enclosed please find an Application for Reinstatement for the above referenced corporation, along with a check in the amount of \$150. I did not receive any prior uniform business reports and respectfully request waiver of the reinstatement fee.

Thank you for your consideration.

Linda J. Badillo, President