

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 23 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097775

1. Corporation Name

R. Scott Findley, M.D., P.A.

2. Principal Office Address

2051 Professional Center Dr. 2051 Professional Center Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orange Park, Florida

City & State

Orange Park, Florida

Zip

32073

Country

USA

Zip

32073

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1998

5. FEI Number

59-3545284

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

800018305068

05/06/03--01096--024 **750.00

1999-2003 UBR

7. Name and Address of Current Registered Agent

Name

Barry J. Fuller

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

2301 Park Avenue, Suite 404

Suite, Apt. #, Etc.

Suite 404

City

Orange Park

State
FL

Zip Code
32073

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

4/17/03

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
P/V/D	R. Scott Findley, M.D.	2051 Professional Center Dr.,	Orange Park, FL 32073

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/03 904-215-1935

CR2E081 (10/02)

91 5/29

FULLER & ASSOCIATES
ATTORNEYS AT LAW

BARRY J. FULLER
Member Florida and California Bars

JAMES D. ACOSTA, OF COUNSEL
Certified Civil Trial Attorney

THE OFFICE PAVILION
2301 PARK AVENUE, SUITE 404
ORANGE PARK, FLORIDA 32073
TELEPHONE: (904) 264-0585
TELEFAX: (904) 264-1714

May 21, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Re-submission of Reinstatement Request for the
Reinstatement of Gravity and Grace, P.A., and
Reinstatement of R. Scott Findley, M.D., P.A.

Dear Sir or Madam:

Please find enclosed the following documents:

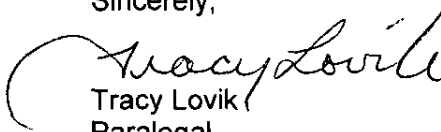
- Corrected Corporation Reinstatement for Gravity and Grace, P.A.
- Division of Corporations Letter dated May 12, 2003
- Corrected Corporation Reinstatement for R. Scott Findley, M.D., P.A.
- Division of Corporations Letter dated May 12, 2003

Per your letters, the Reinstatement Requests have been corrected to show Barry J. Fuller, as an individual residing in the state, is the registered agent. Barry J. Fuller is now acting as the registered agent for both of the above corporations.

Please send any correspondence to the address listed above.

Thank you for your assistance.

Sincerely,


Tracy Lovik
Paralegal

TNL:

Enclosure