

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000015758

1. Corporation Name

COASTAL NEPHROLOGY ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

SUITE 112  
312 NESBIT STREET  
PUNTA GORDA FL 33950

SUITE 112  
312 NESBIT STREET  
PUNTA GORDA FL 33950

332-50 33950

332-50 33950

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/12/1999

5. FEI Number

52-2156868

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) | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director   | City / State / Zip                       |
|----------|--------------------------------------|---|--|
| D        | SOBEL, MICHAEL LEE D.O.              | 10859 EMERALD COAST PARKWAY WEST<br>2508 DEBORAH DR | DESTIN FL 32544<br>Punta Gorda, FL 33950 |
|          |                                      |   |  |
|          |                                      |   |  |
|          |                                      |   |  |
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|          |                                      |   |  |

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\*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT 01/1/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MCINNIS, C. JEFFREY~~

~~309 MAR WALT DRIVE, SUITE 1014~~

~~FORT WALTON BEACH FL 32547~~

Name

MICHAEL L. SOBEL, DO

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

312 NESBIT ST

Suite, Apt. #, Etc.

112

City

Punta Gorda

State

FL

Zip Code

33950

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/23/01

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 MICHAEL LEE SOBEL

10/23/01 (941) 505-8720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #