

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 5:43

DOCUMENT # P99000030594

1. Corporation Name

FRANK J. VELEZ, M.D., P.A.

Principal Place of Business

875 STRETHAUS AVE.
PRMOND BEACH FL 32174

Mailing Address

17 COQUINA RIDGE WAY
ORMOND BEACH FL 32174

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

04/02/1999

5. FEI Number

59-3570084

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	VELEZ, FRANK J	17 COQUINA RIDGE WAY	ORMOND BEACH FL 32174
			300004679353--2
			-11/14/01--01089--003
			****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

VELEZ, FRANK J
875 STRETHAUS AVE.
PRMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

Oct 16 2001

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:

Frank J. Velez

Date

Oct 16, 2001

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Fla Dept of State.

Dear Sir,

Oct 16, 2001

There has been a mix up. I or my accountant never received information about submitting my annual report.

I received this application/notice just recently.

I called your office after speaking with my accountant and they said to send this letter along with the application and \$150⁰⁰ fee.

Thank you.

Sincerely,

Frank P. Velly M.D. P.A.