

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 27 PM 3: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99 0000 52293

1. Corporation Name

Growing Child Pediatrics, P.A.

2. Principal Office Address - No P.O. Box #

5565 Woodbine Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pace, Florida

City & State

Zip

32571

Country

Santa Rosa

Zip

Country

REINSTATEMENT 05-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593580965

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

Teresa mahaffey

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

5565 Woodbine Road

Suite, Apt. #, Etc.

City

Pace,

State

FL

Zip Code

32571

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Teresa Mahaffey
REGISTERED AGENT MUST SIGN

Date 2-20-08

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
m.g. owner	Teresa mahaffey	5565 Woodbine Road	Pace, FL 32571

0118925770
02/27/08--01023--021 **750.00

0118925770
02/27/08--01023--022 **8.75

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 contained in Chapter 119, 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:

Teresa Mahaffey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-08 (850)994-5010
Date Daytime Phone #

2/28