

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JAN 15 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 899000052675

1. Corporation Name

William E. Jones, MD, PA

2. Principal Office Address

5745 Canton Cove

Suite, Apt. #, etc.

Ste. 121

City & State

Winter Springs, FL

Zip

32765

Country

US

3. Mailing Office Address

5745 Canton Cove

Suite, Apt. #, etc.

Ste. 121

City & State

Winter Springs, FL

Zip

32765

Country

US

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

1999

5. FEI Number

59-3582600

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

William E. Jones, MD

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

2807 Bear Island Pointe

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32792

900027488969

01/23/04--01015--012 \*\*150.00

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

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
D/O President	Dr. William E. Jones, MD	2807 Bear Island Pointe	Winter Park, FL 32792

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

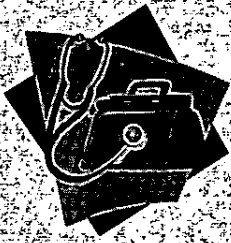
Date

1-13-04

Daytime Phone #

407-496-5745

CR2E081 (10/02)



# Winter Springs Internal Medicine

January 14, 2004

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: William E. Jones, MD, PA  
59-3582600

To Whom It May Concern:

Enclosed is a reinstatement form for the above listed corporation and a check for \$150.00 payable to the Department of State. Our office was forced to relocate from a mold infested building. In addition to our hasty move, we had to utilize a post office box for 8 months until our new office was completed in November, 2003. We did not receive our corporate annual report renewal form. We are requesting a waiver of the reinstatement fee due to these uncontrollable events.

Please process the reinstatement for our corporation. Thank you for your prompt handling of this matter.

If you have any questions, please contact my office manager, Christy Queitsch, at 407-696-5745.

Sincerely,

William E. Jones, MD  
President