

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

AND  
FILED

00 DEC 11 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000062844

1. Corporation Name

ANESTHESIA CONSULTANTS OF LAKE WALES, INC.

Principal Place of Business

Mailing Address

908 SOUTH LAKESHORE BOULEVARD  
LAKE WALES FL 33853

POST OFFICE BOX 489  
LAKE WALES FL 33589-0489



REINSTATEMENT

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3607259

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	VAREL, DENNIS M	908 SOUTH LAKESHORE BOULEVARD	LAKE WALES FL 33853

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Dennis Varel  
Street Address (P.O. Box Number is Not Acceptable)  
908 South Lakeshore BLVD  
Suite, Apt. #, Etc. Lake Wales  
City LAKE WALES State FL Zip Code 33853

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

Dennis Varel

Date

10/25/00

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis Varel - DENNIS VAREL

Date

10/25/00

Daytime Phone #

863-6783833