

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC -7 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000066407

1. Corporation Name

H. Lee Adkins, D.O., C.M.D., P.A.

2. Principal Office Address

2675 Winkler Avenue

3. Mailing Office Address

2675 Winkler Avenue

Suite, Apt. #, etc.

Suite 180

Suite, Apt. #, etc.

Suite 180

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

33901

Country

USA

Zip

33901

Country

USA

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****900.00 ****900.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 19, 1999

5. FEI Number

65-0938486

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

H. Lee Adkins

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

2675 Winkler Avenue

Suite, Apt. #, Etc.

Suite 180

City

Fort Myers

State
FL

Zip Code
33901

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**

H. Lee Adkins
REGISTERED AGENT MUST SIGN

Date

11/19/01

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, P, S, T	H. Lee Adkins	2675 Winkler Road, Suite 180	Fort Myers, Florida 33901

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:

H. Lee Adkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/01

Daytime Phone #

941 931-0014

CR2E061 (9/00)