

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000080899

1. Corporation Name

RICHARD R. CUNNINGHAM, D.O., P.A.

Principal Place of Business

631 17TH STREET
SUITE 8
VERO BEACH FL 32960
US

Mailing Address

631 17TH STREET
SUITE 8
VERO BEACH FL 32960
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2000 38th Ave

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32960

Country

US

3. New Mailing Office Address, If Applicable

2000 38th Ave

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32960

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1999

5. FEI Number

65-0948658

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CUNNINGHAM, RICHARD R	1565 56TH COURT 420 10th Place SW	VERO BEACH FL 32960 32962

5000009022755
11/15/02--01058--005 **750.00

8. Name and Address of Current Registered Agent

CUNNINGHAM, RICHARD
631 17TH STREET
SUITE 8
VERO BEACH FL 32960

9. Name and Address of New Registered Agent

Name
Richard R. Cunningham
Street Address (P.O. Box Number is Not Acceptable)
2000 38th Ave
Suite, Apt. #, Etc.
City
Vero Beach
State
FL
Zip Code
32960

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-29-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD R. Cunningham 10/29/02 772 794-2227

Date

Daytime Phone #