

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV -9 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000086749

1. Corporation Name

DR. C.M. GARCIA, D.O. FAMILY PRACTICE, P.A.

Principal Place of Business

1319 W. DUVAL ST.  
LAKE CITY FL 32055

Mailing Address

1319 W. DUVAL ST.  
LAKE CITY FL 32055

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 2029  
Lake City FL  
FL 32056 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/2000 09/28/1999

5. FEI Number

59-3606287

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4  |
|---------------|---|--|--|
| PSVT          | GARCIA, CARLOS M                          | 1319 W. DUVAL ST.                                      | LAKE CITY FL 32055   |
|               |   |  | 600003488636--U<br>-12/06/00--01011--001<br>***158.75--***158.75 |
|               |   |  |  |
|               |   |  |  |
|               |   |  |  |
|               |   |  |  |
|               |   |  |  |

8. Name and Address of Current Registered Agent

GARCIA, CARLOS M  
1319 W. DUVAL ST.  
LAKE CITY FL 32055

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/20/00

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

10/20/00 904 719 4443

Date

Daytime Phone #