

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 23 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 0-99000095262

1. Corporation Name

Sarah Willard M.D.P.A

2. Principal Office Address

31 W Columbia Street

3. Mailing Office Address

PO Box 568906

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

PO Box 568906

City & State

Orlando, FL

City & State

Orlando, FL - 32806

Zip 32806
FL

Country
USA

Zip 32806

Country USA

4. Date Incorporated or Qualified To Do Business in Florida

10-28-99

5. FEI Number

593005564

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 04-05
CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Sarah Willard M.D.P.A

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

31 W. Columbia

200061287532

Suite, Apt. #, Etc.

STE 2

11/03/05 01014 000 **300.00

City

ORLANDO

State

FL

Zip Code

32806

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

Date

REGISTERED AGENT MUST SIGN

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
G	Sarah Willard MD.	31 W Columbia St Suite 2 Orlando, FL 32806	Orlando, FL 32806

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:

Sarah Willard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-19-05

Daytime Phone #

407-423-5537