

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

ST PATRICK MEDICAL PA.
899-96408

900026139429
01/06/04--01045--008 \$450.00

2. Principal Office Address

1740 HULETT DR

Suite, Apt. #, etc.

BRANDON, FL

City & State

Zip

33511

Country

HILLSBOROUGH GH

3. Mailing Office Address

P.O. Box 1250

Suite, Apt. #, etc.

BRANDON, FL

City & State

33509-1250

Zip

Country

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3611788

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

PATRICK A. IJEWERE

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

1740 HULETT DR

Suite, Apt. #, Etc.

BRANDON, FL

City

State

FL

Zip Code

33511

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

REGISTERED AGENT MUST SIGN

Date

10/15/03

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
P.	PATRICK IJEWERE	1740 HULETT DR	BRANDON, FL 33511
VP/Sec.	SHERES IJEWERE	✓	✓

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PATRICK IJEWERE

10/15/03

(813) 264-1111

November 20, 2003

Thelma Lewis, Document Specialist Supervisor
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Lewis,

SUBJECT: ST PATRICK MEDICAL P.A.
REF #: P99000096409

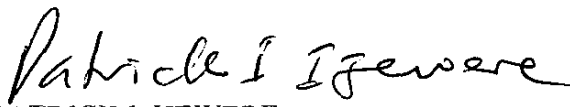
Please find enclosed the completed Corporation Reinstatement form signed by the president of ST. PATRICK MEDICAL P.A., and \$450.00 filing fees for 2001, 2002, and 2003.

We are requesting that the State waive the Reinstatement penalty to zero because we have exercised ordinary care and prudence on our part in complying with the State laws.

Please kindly call me at (813) 932-4351 if you have any questions.

Thanks for your usual cooperation

Yours truly,


PATRICK I. IEWERE
President

December 16, 2003

Justin M. Shivers, Document Specialist Supervisor
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Lewis,

SUBJECT: ST PATRICK MEDICAL P.A.
REF #: P99000096409

Please find enclosed the completed Corporation Reinstatement form signed by the president of ST. PATRICK MEDICAL P.A., and \$450.00 filing fees for 2001, 2002, and 2003.

We are requesting that the State waive the Reinstatement penalty to zero because **we did not received Original/Second Notice Uniform Business Report (UBR)**. We have exercised ordinary care and prudence on our part in complying with the State laws.

Please kindly call me at (813) 932-4351 if you have any questions.

Thanks for your usual cooperation

Yours truly,



PATRICK I. LEWERE
President