

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000108891**

1. Corporation Name

JACK B. SEWELL, M.D., P.A.

Principal Place of Business

4242 HIGEL AVENUE
SARASOTA FL 34242

Mailing Address

3251 PROCTOR ROAD
SARASOTA FL 34231

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1999

5. FEI Number

65-0968773

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SEWELL, JACK B MD	4242 HIGEL AVENUE	SARASOTA FL 34242

800023853858
10/16/03--01039--003 **150.00

8. Name and Address of Current Registered Agent

DOOLEY, WILLIAM A
2070 RINGLING BLVD.
SARASOTA FL 34237

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

JACK B. SEWELL, MD., PA

P. O. Box 21689, Sarasota, FL 34276

October 14, 2003

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

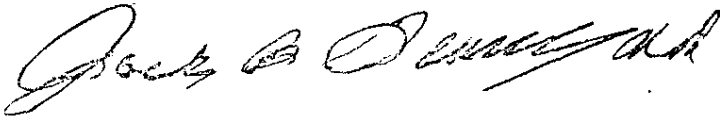
Enclosed please find check in the amount of \$150.00.

I would appreciate it if all possible to abate the reinstatement fee, as I did not received the original application due to an address change. If this is not possible please send me a bill for the difference.

New address is 4242 Higel Avenue, Sarasota, FL 34242

Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jack B. Sewell", written in dark ink.

JACK B. SEWELL, MD