

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 OCT 14 PM 1:18

CLERK OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00570

1. Corporation Name

Fred Miley, M.D., P.A.

2. Principal Office Address - No P.O. Box #

2100 SE 17th Street

Suite, Apt. #, etc.

203

City & State

Ocala, FL

Zip

34471

Country

US

3. Mailing Office Address

P.O. Box 2078

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34478-2078

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida 09/18/1990

5. FEI Number
59-3036187

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75

7. Name and Address of Current Registered Agent

Name

Fred Miley

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

2100 SE 17th Street

Suite, Apt. #, Etc.

203

City

Ocala

State

FL

Zip Code

34471

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Fred Miley

Date 10/10/08

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
P	Fred Miley	2100 SE 17th Street	Ocala, FL 34471

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 contained in Chapter 119, 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:

Fred Miley Fred Miley, M.D.

10/08/08

352-629-4448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #