

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 12:15

TALLAHASSEE, FLORIDA

DOCUMENT # S35160

1. Corporation Name

DEPADUA & DEPADUA M.D., P.A.

2. Principal Office Address

1205 Monument Road

3. Mailing Office Address

P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32225-6458

Country

USA

Zip

32255-1260

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/1991

5. FEI Number

59-3051974

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

Lewis Ansbacher

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

5150 Belfort Road

Suite, Apt. #, Etc.

Building 100

City

Jacksonville

State  
FL

Zip Code  
32256

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 1/14/03

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
DP	ROBERT DEPADUA, MD.	1205 MONUMENT ROAD.	JACKSONVILLE, FL-32225
DV	NAPOLEON DEPADUA, MD	1205 MONUMENT ROAD	JACKSONVILLE, FL-32255

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  
Robert Depadua, M.D., President

Date

2/26/03

Daytime Phone #

(904) 296-0100

CR2E081 (10/02)