

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S60855**

1. Corporation Name

CLARENCE SCOTT, M.D.P.A.

Principal Place of Business

**1621 WEST 1ST ST
SANFORD FL 32771
US**

Mailing Address

**937 VIHLEN ROAD
SANFORD FL 32771-7705**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1991

5. FEI Number

59-3176999

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SCOTT, CLARENCE	1621 WEST FIRST ST	SANFORD FL

**8000002217638-4
-06/19/97-01115-015
****923.75 ****923.75**

DBL-18-97

8. Name and Address of Current Registered Agent

~~COOPER, STEVE EGG
280 N. PARK AVE.
SANFORD FL 32771~~

9. Name and Address of New Registered Agent

Name **KENNETH E. BROOKS, JR.**
Street Address (P.O. Box Number is Not Acceptable)
1631 WEST FAIRBANKS AVENUE
Suite, Apt. #, Etc.

City **WINTER PARK**

State **FL**

Zip Code **32789**

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.

Signature of
Registered Agent

Kenneth E. Brooks, Jr.

REGISTERED AGENT MUST SIGN

Date

JUNE 9, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-322-4431

Date

Daytime Phone #

CR2E040 (7/96)