

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 11 AM 11:12

DOCUMENT # S-61178

1. Corporation Name

ANKLE & FOOT Specialists (Podiatry) P.A.

2. Principal Office Address - No P.O. Box #
4415 US Hwy 331 S

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
Suite E

Suite, Apt. #, etc.

City & State
DeFuniak Springs FL

City & State

Zip Country
32435 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/1991

5. FEI Number

593076020

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
K.W. HOWARD D.R.M.

Street Address (P.O. Box Number is Not Acceptable)
4415 US Hwy 331 S

Suite, Apt. #, Etc.
Suite E

City
DeFuniak Springs

State Zip Code
FL 32435

☒ 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

REGISTERED AGENT MUST SIGN

Date 7/3/08

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
<u>Pres Dir.</u>	<u>K.W. HOWARD</u>	<u>4415.12th ST</u>	<u>DeFuniak Springs FL 32435</u>

800134673058
08/20/08--01035--000 **600.75

800134673058
09/16/08--01016--020 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kinley Wayne Howard

7/3/08 (850) 892-0400
Date Daytime Phone #
(850) 951-4556 Ext 3709