

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 #** S63219

1. Corporation Name

**MICHAEL J. CHARLES, M.D., P.A.**

Principal Place of Business  
201 Health Park Blvd.  
Suite 107  
St. Augustine, FL 32086

Mailing Address  
201 Health Park Blvd.  
Suite 107  
St. Augustine, FL 32086

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

2. New Principal Office Address, If Applicable  
201 Health Park Blvd.

Suite, Apt. #, etc.  
Suite 101

City & State  
St. Augustine, FL

Zip  
32086

Country  
USA

3. New Mailing Office Address, If Applicable  
201 Health Park Blvd.

Suite, Apt. #, etc.  
Suite 101

City & State  
St. Augustine, FL

Zip  
32086

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6-28-91

5. FEI Number

59-3075544

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
P	Michael J. Charles	201 Health Park Blvd., #101	St. Augustine, FL 32086

**REINSTATEMENT**

500002740625--0  
-01/13/93--01102--010  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

Michael J. Charles  
201 Health Park Blvd., Suite 107  
St. Augustine, FL 32086

9. Name and Address of New Registered Agent

Name  
Michael J. Charles

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

201 Health Park Blvd.

Suite, Apt. #, Etc.  
Suite 101

City  
St. Augustine

State  
FL

Zip Code  
32086

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Michael J. Charles

904-825-2688

Date

Daytime Phone #

CH2040 (1/93)