

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03

DOCUMENT # **S81270**

1. Corporation Name

GULF COAST WALK IN CLINIC, PA

Principal Place of Business

Mailing Address

3228 EAST 15TH STREET
PANAMA CITY FL 32405

3228 EAST 15TH STREET
PANAMA CITY FL 32405

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



100024084571
10/24/03--01033--011 **150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3097749

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SALMAN, ABDUL RASOUL	3228 EAST 15TH STREET	PANAMA CITY FL 32405

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABDUL RASOUL SALMAN
3228 EAST 15TH STREET
PANAMA CITY FL 32405

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/03

CR2E040 (7/03)



The Gulf Coast Walk In Clinic

A. R. Salman, M. D.

3228 E. 15th St.

Panama City, Fl 32405

(850) 785-8044 (o) (850) 785-6420 (f)

Rasoul2@juno.com



October 22, 2003

Florida Department of State
~~Division of Corporations~~
Annual Report/Reinstatement Section
po box 6327
Tallahassee, FL 32314-6237

RE: Notice of Administrative Dissolution or Revocation

Dear Sir/Madam,

This letter is to inform you that the two prior uniform business report notices were never received. Due to this fact I am requesting that the reinstatement fees be waived. Please find the enclosed application and check for the proper filling fee. Please contact the office if further assistance is needed in this matter. Thank you.

Sincerely,

A.R. Salman, M.D.