

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 # S96399

1. Corporation Name

EAR, NOSE & THROAT ASSOCIATES OF CENTRAL FLORIDA, P.A.

Principal Place of Business

873 STERTHAUS AVE
SUITE 302
ORMOND BEACH FL 32174
US

Mailing Address

873 STERTHAUS AVE
SUITE 302
ORMOND BEACH FL 32174
US

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

2. New Principal Office Address, If Applicable

106 N. KINGS RD.

Suite, Apt. #, etc.

STE. D

City & State
ORMOND BEACH FL

Zip Country
32174 VOLUSIA

3. New Mailing Office Address, If Applicable

106 N. KINGS RD.

Suite, Apt. #, etc.

STE. D

City & State
ORMOND BEACH FL

Zip Country
32174 VOLUSIA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

11/25/1991

5. FEI Number

59-3094384

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PDT	KROUSE, JOHN H.	873 STERTHAUS AVE SUITE 302 - 106 N. KINGS RD STE D	ORMOND BEACH FL 32174
SD	MUNIER, MICHAEL	873 STERTHAUS AVE SUITE 302 1050 W. GRANADA BLVD	ORMOND BEACH FL 32174
			800002393258--7 -01/07/98--01105--001 ****750.00 ****750.00
			DB 12-98

8. Name and Address of Current Registered Agent

KROUSE, JOHN H.
873 STERTHAUS AVE
SUITE 302
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name

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

106 N. KINGS RD

Suite, Apt. #, Etc.

STE. D

City

ORMOND BEACH

State

FL

Zip Code

32174

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

John Krouse

REGISTERED AGENT MUST SIGN

Date 12/27/97

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

John Krouse M.D.

12/27/97
Date

(904) 673-4000
Daytime Phone #

CR2004 (9/97)