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 #v17775

1. Corporation Name

DENNIS COLLEGE M.D., P.A.

FILED 97 HAY 27 PM 4: 13 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Bus	innee	Mailing Addi	ess - same			Williamen's war	1.5/507 1
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	c, FL 34616	M vacure					
CICUI WUUCI	, 15 0.010						
					REINSTATE	MENTA	0-11
	are incorrect in any way, line t						
New Principal Office Address, If Applicable See above			ing Office Address, above	If Applicable "	4. Date Incorporated or Qualified To Do Business in Florida March 2, 1992		
Suite, Apt. #, etc.		Suite, Apt. #	, etc.	·····			
City & State		City & State	City & State		59-3110015		Applied For
*		1	And the second of the second o		6		Not Applicable
Ζιρ	Country	Zip	Cour	Hry	CERTIFICATE OF STATUS		erlificate of Status
7. Names and Street	Addresses of Each Officer an	d/or Director (Flo	orida nonprofit corpo	prations must list at le	ast 3 directors)		
Titlo(a)	Name of Officers			Street Address of Eac Officer and/or Directo		City / State / 1	7:0
Title(s) and/or Directors 1 2			3 (Do NOT Use Post Office Bo		or City / State / Zip 4		
/S/T/D Dennis L. College			1305-C So	outh Fort Ha	arrison Ave. Cle	arwater, FL	34616
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	Inna and Address of Corres	t Desistered Age	1	····	0 47 0	RU I	
	lame and Address of Curren	r Hegisteren Ağı	901	Name	9. Name and Address of N	ew Hegistered Agent	
	Hammond, Esq.				Hammond, Esq.		
600 Cleveland Street, Suite 700 Clearwater, FL 34615			Street Address (P.O. Box Number is Not Acceptable) 1831 N. Belcher Road				
Clearwate	#E, FL 34013			Suite, Apt. #, Etc			[
				Syite A-1	<u></u>	State Zip	Codo
J	_			Clearwate	ar		Code 4625
10. I, being appointed	I the registered agent of the at	pove named corpo	oration, am familiar	with and accept the o	bligations of Section 607,0505,	F.S.	1023
Signature of Registered Agent	1 mil	W. L			Date	5-23-8	27
Trogistered Agent		REGISTERED AG	ENT MUST SIGN	\$1.00 mg - \$1.00 mg 10.00 pt 10.00 mg 10.00 pt 10.00 mg	D810		
11 Does this	corporation pay	any intano	nible tay to t	he .	4	(Can other side for i	
Dept. of	Revenue under S	. 199.032.	Florida Sta	tutes Yes	⊠ No□	(See other side for i on intangible	
							
12. I certify that I am a this reinstatement.	in officer or director or the rec- application, the reason for dis-	eiver or trustee er solution has been	npowered to execut	te this application as porate name satisfies	provided for in chapter 607 or 6 the requirements of section 60	17, F.S. I further certify 7 0401 or 617 0401 F	/ that when filing
owed by the corpo	ration have been paid and the is true and accurate, and my i	names of individ	luals listed on this fo	orm do not qualify for	an exemption under section 11	9.07(3)(i), F.S. The In	formation indicated
on this application	is the allo accurate, and my t	រហ្វាលេខ សល់ បង	se me oamb lefigi b	meer es a visca nuce	r vari.		
		1 00			1.10-		
SIGNATURE:	Men C	05%			5/20/47	813-44	11-3366
	SIGNATURE AND TYPED OR P	RINTED NAME OF	SIGNING OFFICER OF	RDIRECTOR	/ / Date	Daytime	Phone #
	Dennis Co.	llege, M	リリ・アイケー				