

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V19531

1. Corporation Name

John Assi, M.D., P.A.

2. Principal Office Address

1522 Emerson St.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32207

Country

Duval

3. Mailing Office Address

1522 Emerson St.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32207

Country

Duval

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/6/92

5. FEI Number

59-3110670

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 26 AM 8:00

REINSTATEMENT 02-04

100029447171
02/26/04--01016--001 **1050.00

MRS

7. Name and Address of Current Registered Agent

Name

James G. Hutchens, Jr. CPA

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

106 Canal Blvd.

Suite, Apt. #, Etc.

City

Ponte Vedra Beach, FL

State

FL

Zip Code

32082

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

2/20/04

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 |
|--------|--------------------------------------|---|------------------------|
| Pr | John M. Assi | 1522 Emerson St. | Jacksonville, FL 32207 |
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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 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

Date

2/20/04

Daytime Phone #

904-398-8229

CR2E081 (01/04)