

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 OCT 31 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V59588**

1. Corporation Name

**STEPHEN L. SCRANTON, M.D., P.A.**

Principal Place of Business

Mailing Address

3253 MC MULLEN BOOTH RD.  
SUITE 200  
CLEARWATER FL 34621  
US

1840 SALEM COURT  
DUNEDIN FL 34698

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



REINSTATEMENT *96*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/24/1992	
City & State		City & State		5. FEI Number	
Zip		Country		59-3140415	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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
D	SCRANTON, STEPHEN L	1840 SALEM COURT	DUNEDIN FL

200001998302--0  
-11/07/96--01005--003  
383.75 383.75

*11-4-96*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SCRANTON, STEPHEN L 1840 SALEM COURT DUNEDIN FL 34698		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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 *[Signature]* **SIGNATURE REQUIRED** Date *10/30/96*

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Stephen L. Scranton M.D.* Date *10/26/96* 813-725-6174 Daytime Phone #

CGS6040 (7/96)