

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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FILED

06 JUL 26 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **597415**

1. Corporation Name
John E. Stimler, D.O., P.A.

2. Principal Office Address 2279 Seminole Road		3. Mailing Office Address 2279 Seminole Road	
Suite, Apt. #, etc. Unit 5		Suite, Apt. #, etc. Unit 5	
City & State Atlantic Beach, FL		City & State Atlantic Beach, FL	
Zip 32233	Country USA	Zip 32233	Country USA

REINSTATEMENT 04-06

4. Date Incorporated or Qualified To Do Business in Florida 1978	
5. EFL Number 591871046	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
John E. Stimler, D.O.

Street Address (P.O. Box Number is Not Acceptable)
2279 Seminole Road

Suite, Apt. #, Etc.
Unit 5

City
Atlantic Beach, FL

State
FL

Zip Code
32233

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 *John Stimler* Date **MAY 25 2006**

REGISTERED AGENT MUST SIGN

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
Pres.	John E. Stimler, D.O.	2279 Seminole Road	Atlantic Beach, FL 32233

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 contained in Chapter 119, 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: *John Stimler* **MAY 25 2006** 9042915216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

K. Eckel AUG 01 2006

JOHN E. STIMLER, D.O., P.A.
2279 SEMINOLE ROAD
UNIT 5
ATLANTIC BEACH, FL 32233

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May 29, 2006

VIA U.S. MAIL

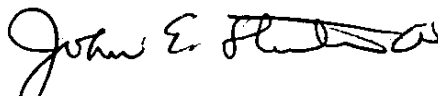
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Annual Corporate Review

I write to confirm that as the registered agent of my corporation, John E. Stimler, D.O., P.A., I did not receive the annual report notices for the last three (3) years. Accordingly, I request waiver of the reinstatement fee. Please contact my attorney, Thomas F. Asbury, should you need additional clarification of need anything further.

Thank you.

Sincerely,



John E. Stimler, D.O.