

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL -1 AM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G46994**

1. Corporation Name
HAL B. UNSCHULD, M.D., PA.

2. Principal Office Address - No P.O. Box #
7503 NW 124th AVENUE E

3. Mailing Office Address
7503 NW 124th AVENUE E

CR2E081 (12/08)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PARKLAND, FLORIDA

City & State
PARKLAND, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida
07-01-1983

5. FEI Number
592305858

Applied For
Not Applicable

Zip Country
33076 USA

Zip Country
33076 USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
HAL B. UNSCHULD MD

Street Address (P.O. Box Number is Not Acceptable)
7503 NW 124th AVENUE E

Suite, Apt. #, Etc.

City
PARKLAND

State
FL

Zip Code
33076

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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07/01/09 01000 000 111950.75

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

Date
6-18-09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HAL B. UNSCHULD MD	7503 NW 124 th AVENUE E	PARKLAND, FL 33076
S	PEARL BELL	7503 NW 124 th AVENUE E	PARKLAND, FL 33076
T	HELENE UNSCHULD	7503 NW 124 th AVENUE E	PARKLAND, FL 33076

REINSTATEMENT
RH

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-09 954-752-8731

Date Daytime Phone #