

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M94047

1. Corporation Name

CLAUDIA HALL PETERSON, D.O., P.A.

Principal Place of Business

139 NE 15TH ST  
HOMESTEAD FL 33030

Mailing Address

139 NE 15TH ST  
HOMESTEAD FL 33030

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

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4. Date Incorporated or Qualified  
To Do Business in Florida

08/12/1988

5. FEI Number

65-0067890

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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	4 City / State / Zip
D	PETERSON, CLAUDIA HALL	139 NE 15TH ST	HOMESTEAD FL

1000003473111--6  
-11/21/00--01090--016  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

FEUER, JEFFREY M., P.A.  
20466 S. DIXIE HWY  
MIAMI FL 33199-

9. Name and Address of New Registered Agent

Name

CLAUDIA HALL PETERSON D.O.

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

139 NE 15TH ST

Suite, Apt. #, Etc.

City

HOMESTEAD, FLA

State

FL

Zip Code

33030

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

REGISTERED AGENT MUST SIGN

Date

10/20/2000

11. 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.

KE

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.20.2000

Daytime Phone #

3052487475