

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 19 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000066487

1. Corporation Name
TODD R. ZUSMER, D. O., P.A.

2. Principal Office Address
5005 COLLINS AVE

3. Mailing Office Address
5005 COLLINS AVE

Suite, Apt. #, etc.
UNIT 1201L

Suite, Apt. #, etc.
UNIT 1201L

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

Zip Country
33140 MIAMI-DADE

Zip Country
33140 MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-1122362

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
TODD R. ZUSMER, D. O.

Street Address (P.O. Box Number is Not Acceptable)
5005 COLLINS AVE

Suite, Apt. #, Etc.
UNIT 1201L

City
MIAMI BEACH

State Zip Code
FL 33140

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 01/11/2005

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
P	TODD R. ZUSMER, D. O.	5005 COLLINS AVE, UNIT 1201L	MIAMI BEACH, FL 33140

100044574741
01/11/05--01003--013 **450.00

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: TODD R. ZUSMER, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/2005

Date Daytime Phone #

CR2E081 (01/05)

2012

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

January 11, 2005

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314

Taxpayer: Todd R. Zusmer, D. O., P.A.
FEIN: 65-1122362
Document #: P01000066487
Tax Form: UBR
Tax Period: 2003, 2004, 2005

To Whom It May Concern:

We have enclosed check # ~~1247~~ in the amount of \$450.00 for the Corporate Reinstatement of Todd R. Zusmer, D. O., P.A., Document # P01000066487.

Please abate the penalty as Mr. Zusmer did not receive the original UBR, and did not intentionally avoid the filing.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

cc