PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS TORM:							0
APPLICATION FOR- REINSTATEMENT P9800059866 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS					OI OCT 25 AM 9: 17		
1. Corporation Name RONDA FUCHS, PSY.D., P.A.					!	SECRETARY OF STATE ALLAHASSEE, FLORIDA	
1101107	A 1 00(10, 1 01.D., 1 .A.				j		
Principal Place of Business Mailing Add			ress			E (8/8/18/1/ 48/1/ 48/1/ 58/1/	
C/O RONE 975 41ST S	DA FUCHS TREET #206	201 CRANDON BLVD 64					
MIAMI BEACH FL 33140 KEY BISCAY			NE FL 33149		40	a terat terti assut dänu pätin noidi niitä teret iniid älitiä Etit 1004	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					4		
New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			ng Office Address, If	Applicable	4. Date Incorporated or Qualified To Do Business in Florida 07/07/1998		
City & State _ City & S			·		5. FEI Number	65-0863212 Applied For	
Zip Country Zip		Country		6. S8 75 Additional Fee required			
						FOF STATUS DESIRED 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) Title(s) Name of Officers Street Address of Each City / State / Zin							
1	2 and/or Directors		3 Officer and/or Director			City / State / Zip	
D	FUCHS, RONDA		201 CRANDON B	SLVD # 64		KEY BISCAYNE FL 33149	
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Name and Address of Current Registered Agent Name					9. Name and A	ddress of New Registered Agent	-
FUCHS, RONDA Street Add				Street Address (P	s (P.O. Box Number is Not Acceptable)		
975 41ST STREET SUITE 206				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
MIAMI BEACH FL 33140			City		 .	State Zip Code	į
I, being appointed the registered agent of the above named corporation, am familiar with and accept				th and accept the ob	ligations of Section	FL	
Signature of Registered Agent							
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 filling 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 AND TO

October 17, 2001

Secretary of State

I never received the form to renew the Corporation and have always paid on time.

Would you please re-establish and waive the penalty.

Enclosed is the \$150.00 for renewal.

Thank you,

Ronda H. Fuchs, Psy.D. 201 Crandon Blvd. #64 Key Biscayne, Fl 33149 Work# (305) 674-1314 Pager# (305) 762-0217

R.S. We got the form in 2000 And paid it Feb 2000.