

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000031388**

1. Corporation Name
MARK ALAN SAUER, M.D., P.A.

2. Principal Office Address
5708 RIVERSIDE DR.

3. Mailing Office Address
5708 RIVERSIDE DR.

Suite/Apt. #, etc.

Suite, Apt. #, etc.

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

Zip Country
33904 LEE

Zip Country
33904 LEE

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida 03/26/2001

5. FEI Number
651089135

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
THOMPSON, WILLIAM J ESQ.

Street Address (P.O. Box Number is Not Acceptable)
9696 BONITA BEACH RD.

Suite, Apt. #, Etc.
SUITE 201

City
BONITA SPRINGS

200035558592
05/06/04--01022--022 **900.00
State Zip Code
FL 34135

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 *William J. Thompson*
REGISTERED AGENT MUST SIGN

Date **4/30/04**

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	SAUER, MARK A	5708 RIVERSIDE DR.	CAPE CORAL, FL, 33904

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: *Mark A. Sauer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-30-04** Daytime Phone # **239 549-3513**

CR2E081 (01/04)