

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JUL 26 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 597415

1. Corporation Name

John E. Stimler, D.O., P.A.

2. Principal Office Address

2279 Seminole Road

3. Mailing Office Address

2279 Seminole Road

Suite, Apt. #, etc.

Unit 5

Suite, Apt. #, etc.

Unit 5

City & State

Atlantic Beach, FL

City & State

Atlantic Beach, FL

Zip

32233

Country

USA

Zip

32233

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 1978

5. EFL Number

591871046

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John E. Stimler, D.O.

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

2279 Seminole Road

Suite, Apt. #, Etc.

Unit 5

City

Atlantic Beach, FL

State

FL

Zip Code

32233

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

John Stimler
REGISTERED AGENT MUST SIGN

Date MAY 25 2006

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
Pres.	John E. Stimler, D.O.	2279 Seminole Road	Atlantic Beach, FL 32233

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:

John Stimler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 25 2006

Date

9042415216

Daytime Phone #

K. Eckel AUG 01 2006

JOHN E. STIMLER, D.O., P.A.
2279 SEMINOLE ROAD
UNIT 5
ATLANTIC BEACH, FL 32233

2/2

May 29, 2006

VIA U.S. MAIL

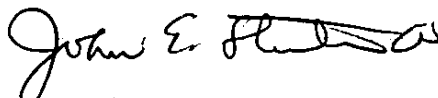
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Annual Corporate Review

I write to confirm that as the registered agent of my corporation, John E. Stimler, D.O., P.A., I did not receive the annual report notices for the last three (3) years. Accordingly, I request waiver of the reinstatement fee. Please contact my attorney, Thomas F. Asbury, should you need additional clarification of need anything further.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "John E. Stimler", with a stylized flourish at the end.

John E. Stimler, D.O.