

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 FEB 26 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 600556

1. Corporation Name

Michael E. Schoeffel, M.D., & Associates, P.A.

700005096867--9  
-03/12/02--01042--023  
\*\*\*\*900.00 \*\*\*\*900.00

2. Principal Office Address

7 Via Marino

Suite, Apt. #, etc.

3. Mailing Office Address

7 Via Marino

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Palm Coast, FL

Zip

32137

Country

U.S.

Zip

32137

Country

U.S.

**REINSTATEMENT 01-02**

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/68

5. FEI Number

59-1221840

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

Michael E. Schoeffel

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

7 Via Marino

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32137

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

x *M.E. Schoeffel*

Date

02/20/02

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	Michael E. Schoeffel	7 Via Marino	Palm Coast/FL/32137
T	Joan Schoeffel	7 Via Marino	Palm Coast/FL/32137

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:

x *M.E. Schoeffel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan. 02/20/02 386-447-8795

Daytime Phone #

CR2E001 (9/01)