

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 18 PM 6:45

DOCUMENT # 600908

1. Corporation Name

STANLEY M. WIENER M D P A

Principal Place of Business

Mailing Address

839 SIESTA KEY CIR
SARASOTA FL 34242
US

839 SIESTA KEY CIR
SARASOTA FL 34242
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/27/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1234550

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required 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 and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	WIENER, STANLEY M	839 SIESTA KEY CIR	SARASOTA FL

5000004663585--5
-11/02/01--01012--006
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WIENER, STANLEY M
839 SIESTA KEY CIR
SARASOTA FL 34242

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Stanley M. Wiener
REGISTERED AGENT MUST SIGN

Date

Oct 15, 2001

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 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:

Stanley M. Wiener
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 15 2001 (941) 3493400

202

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O.BOX 6327
TALLAHASSEE, FL 32314-6327

STANLEY M. WIENER MD, PA
839 SIESTA KEY CIRCLE
SARASOTA, FL 34242

October 15, 2001

Dear Sir/Madam,

To my surprise, I have received from your office the enclosed Application For Reinstatement and called your office for information because I am not aware of having received any notice.

I am presently retired and have always tried to keep abreast of all fees and requirements. I believe that since closing my office and using my home address this and similar problems have occurred. However, having spoken to your office, I am now aware that come January of each year payment will be required and notice will be given which gives me a reference point and thus avoiding the above problem.

Thus, please excuse this late payment and please accept the enclosed check for \$150.00 dollars.

Sincerely yours,

A handwritten signature in cursive script that reads "Stanley M. Wiener" followed by a stylized flourish.

Stanley M. Wiener M.D.