

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 602873

1. Corporation Name

W. DAVID CORBETT, D.P.M., P.A.

Principal Place of Business

1961 FLOYD ST. STE C
SARASOTA FL 34239

Mailing Address

1961 FLOYD ST. STE C
SARASOTA FL 34239

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/1971

5. FEI Number

59-1357896

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	CORBETT, W DAVID	2662 DICK WILSON	SARASOTA FL

100008710601
10/30/02--01117--010 **150.00

[Handwritten Signature]

8. Name and Address of Current Registered Agent

CORBETT, W DAVID, DPM
1961 FLOYD ST., STE C
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Handwritten Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-21-02

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:

[Handwritten Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-02 941-366-2627



W. DAVID CORBETT, D.P.M., P.A.
ROBERT M. GOECKER, D.P.M.
PODIATRIC MEDICINE & FOOT-ANKLE SURGERY

October 21, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Dear Gentleman,

I was shocked to receive a notice of reinstatement application for my corporation, which has been in existence since June 21, 1971. During the 32 years my corporation has been in existence, it has never been late or missed a corporate filing. This letter is to notify you that I received neither of the re-application forms in the mail this year. Attached find my re-application fee for \$150 per Paragraph 5 of Important Facts on the inside of Page 1 of the Notice of Administration Dissolution or Revocation.

Should you have any questions, please do not hesitate to call. My telephone number, which I have listed on the form, is 941-366-2627. Thank you in advance for your assistance and cooperation in resolving this problem.

W. David Corbett, D.P.M.