

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 649267

1. Corporation Name

ROBERT SCHOENFELD, M.D., P.A.

Principal Place of Business

6151 N. SUNCOAST BLVD. SUITE 1-C  
CRYSTAL RIVER FL 34429  
US

Mailing Address

6151 N. SUNCOAST BLVD. SUITE 1-C  
CRYSTAL RIVER FL 34429  
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

Suite, Apt. #, etc.

SUITE 1B

Suite, Apt. #, etc.

SUITE 1B

City & State

City & State

Zip

34429

Country

Zip

34429

Country

4. Law Incorporated or Qualified  
To Do Business in Florida

01/01/1980

5. FEI Number

59-1961504

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
P	SCHOENFELD, ROBERT I	995 SE FIRST CT.	CRYSTAL RIVER FL
			700003050267--1
			-11/22/99--01005--015
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHOENFELD, ROBERT I  
6151 N. SUNCOAST BLVD. SUITE 1C 1B  
CRYSTAL RIVER FL 32629

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

*Robert Schoenfeld*

REGISTERED AGENT MUST SIGN

Date 10/19/99

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:

*Robert Schoenfeld*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/99

Daytime Phone #

10/18/99

I do not know how  
we got this second  
notice by fate I  
guess, the address was  
wrong. Suite # 4  
zip code. We did not  
receive 1st NOTICE bad  
address I assume.

Enclosed is our check  
for 750<sup>00</sup>, if you  
feel we are due a  
refund that would be  
great. Thanks for your  
help.