

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 26 AM 8:28

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 660444

REINSTATEMENT 01-03

1. Corporation Name

William P. Duerson, P.A.

2. Principal Office Address

686 N. Indiana Avenue

3. Mailing Office Address

335 Overlook Drive

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

City & State

Englewood, FL 34

City & State

Lancaster, OH

Zip

34223

Country

USA

Zip

43130

Country

USA

**4. Date Incorporated or Qualified
To Do Business In Florida**

03-25-80

5. FEI Number

59-1988930

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED **XX**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

R. W. Wellbaum, Jr.

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

686 N. Indiana Avenue

Suite, Apt. #, Etc.

Suite A

City

Englewood

State

FL

Zip Code

34223

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

12-17-03

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/D	William F. Duerson	334 Overlook Drive	Lancaster, OH 43130

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)(l), 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] William F. Duerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 12/23/03

Daytime Phone #

740-687-0274

CR2E081 (10/02)