

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR -6 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 675203

**1. Corporation Name**

JON F. WUBBENA, MD, P.A.

**2. Principal Office Address**

1038 EAST OCEAN BLVD.

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34996

Country

USA

**3. Mailing Office Address**

1038 EAST OCEAN BLVD.

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34996

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 07/01/1980

**5. FEI Number**

59-2005168

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

THOMAS J. LEAHY

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

33 FLAGLER AVENUE

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34994

300021852273

04/06/04--01005--019 \*\*300.00

**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

*Thomas J. Leahy*

Date 3/30/04

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	JON F. WUBBENA	1038 EAST OCEAN BLVD.	STUART, FL 34996

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04

Date

(772) 286-2511

Daytime Phone #

Jon F. Wubbena, MD

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CERTIFIED PUBLIC  
ACCOUNTANTS

ACCOUNTING, BUSINESS  
AND TAX ADVISORS

33 FLAGLER AVE.  
STUART, FL 34994  
(772) 283-2356  
(772) 287-1887 FAX

March 30, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

GORDON O. PROCTOR, C.P.A.  
T. MICHAEL CROOK, C.P.A.  
NANCY B. CROWDER - MCCOY, C.P.A.  
KEVIN M. PAYNE, C.P.A.  
TODD J. LAYCOCK, C.P.A.  
LAURIE D. COPELAND, C.P.A.  
WAYNE S. SANDERS, C.P.A.  
APRIL A. HICKS  
T. J. LEAHY, C.P.A.

RE: Jon F. Wubbena, M.D., P.A.  
FEI Number: 59-2005168  
1038 East Ocean Boulevard  
Stuart, Florida 34996


Ladies and Gentlemen:

KAJA MAYFIELD, C.P.A.  
CHRISTINE MYERS, C.P.A., C.V.A.  
KELLEY A. QUINN, C.P.A.  
CHRISTINE K. RICE, C.P.A.  
LINDA J. STEWART, C.P.A.  
SHARON L. THIEBAUD, C.P.A.

Please find enclosed a completed corporation reinstatement form and a check for \$300. The officer of the above referenced corporation would like to reinstate the entity. Also, please note that no notices were issued to the corporation in regard to this matter.

Thank you in advance for your time and consideration in this matter.

Very truly yours,

  
Thomas J. Leahy, CPA

TJL/br

Enclosures

MEMBER:

INTERNATIONAL GROUP  
OF ACCOUNTING FIRMS  
ASSOCIATED OFFICES  
IN PRINCIPAL U.S. AND  
INTERNATIONAL CITIES

DIVISION FOR C.P.A. FIRMS  
AMERICAN INSTITUTE  
OF CERTIFIED PUBLIC  
ACCOUNTANTS

FLORIDA INSTITUTE  
OF CERTIFIED PUBLIC  
ACCOUNTANTS