

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

~~REINSTATEMENT~~ 03-04

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*

REGISTERED AGENT MUST SIGN

Date 3/30/04

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

Jon F. Wubbena, MD

3/30/04

Date

(772) 286-2511

Daytime Phone #

CR2E081 (01/04)

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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

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

GORDON O. PROCTOR, C.P.A. T. MICHAEL CROOK, C.P.A. NANCY B. CROWDER - M'COY, 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.

KAIJA 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.

Ladies and Gentlemen:

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