

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 1' PM 4:08

DOCUMENT # F95000001389

1. Corporation Name

DAVID S. PETERS, PH.D., P.C.

Principal Place of Business

73 S PALM AVE #215  
SARASOTA FL 34236  
US

Mailing Address

3820 CUTLASS BAYOU  
NOKOMIS FL 34275  
US



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

03/23/1995

5. FEI Number

22-2521575

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A 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
PC	PETERS, DAVID S.	3820 CUTLASS BAYOU	NOKOMIS FL

600003040256--8  
-11/09/99--01089--010  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

PETERS, DAVID S.  
3820 CUTLASS BAYOU  
NOKOMIS FL 34228

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*David S. Peters PH.D.*  
REGISTERED AGENT MUST SIGN

Date 10/26/99

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.

AD

SIGNATURE:

*David S. Peters PH.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/99

Date

941 917 2249

Daytime Phone #

CR23040 (8/99)

David S. Peters Ph.D.  
Diplomate in Clinical Psychology

3820 Cutlass Bayou  
Nokomis, FL 34275  
941 918-8808

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10/26/99

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee FL 32314-6327

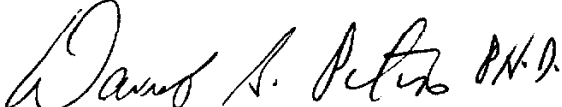
Dear Sirs,

I was shocked by your notice of dissolution as I have always been very responsible with government paperwork. I called and was told two notices were sent in 1999. We have not recieved them this year.

Over the past two years we have had some problems with misplaced mail. I have notified the Post Office who advised me of other families in our zip code with identical last name and the possibility of confusion. We have also recieved mail on numerous occasions addressed to other "Peters" in the area. While we always return the mail to the P.O. I am not sure ours was always returned as other important peices of mail were not recieved.

The prospect of having to pay \$750 to reinstate is both a financial burden and very frustrating since I feel our not recieving the notices was through no fault of mine. Please take this into consideration and accept the normal fee of \$150. In the future if I do not recieve a notice from you department in January I will contact you to insure this does not reoccur.

Sincerely yours,

  
David S. Peters Ph.D.