

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL -1 AM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G46994**

1. Corporation Name

HAL B. UNSCHULD, M.D., P.A.

2. Principal Office Address - No P.O. Box #

7503 NW 124th AVENUE

3. Mailing Office Address

7503 NW 124th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARKLAND, FLORIDA

City & State

PARKLAND, FLORIDA

Zip

33076

Country

USA

Zip

33076

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

07-01-1983

5. FEI Number

592305858

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

HAL B. UNSCHULD MD

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

7503 NW 124th AVENUE

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33076

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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07/01/09 01000 000 111550.75

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

Hal B. Unschild
REGISTERED AGENT MUST SIGN

Date

6-18-09

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	HAL B. UNSCHULD MD	7503 NW 124 th AVENUE	PARKLAND, FL 33076
S	PEARL BELL	7503 NW 124 th AVENUE	PARKLAND, FL 33076
T	HELENE UNSCHULD	7503 NW 124 th AVENUE	PARKLAND, FL 33076
REINSTATEMENT			
RH			

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 contained in Chapter 119, 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:

Hal B. Unschild
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-09

Date

954-752-8731

Daytime Phone #