

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 19 PM 1:35

DOCUMENT # G61911

1. Corporation Name

POETTER AND POETTER, P.A.

2. Principal Office Address

3002 SE 1<sup>ST</sup> AVENUE

Suite, Apt. #, etc.

BLDG 200

City & State

OCALA FL

Zip

34471

Country

USA

3. Mailing Office Address

3002 SE 1<sup>ST</sup> AVENUE

Suite, Apt. #, etc.

BLDG 200

City & State

OCALA FL

Zip

34471

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/27/1983

5. FEI Number

59-2355155

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

VIOLET D. POETTER, PSY.D.

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

2420 SE 14<sup>TH</sup> STREET

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34471

500004706015-2

-12/05/01--01041--024

\*\*\*\*965.00 \*\*\*\*965.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/12/01

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
V.D.	RODNEY A. POETTER, PH.D.	2420 SE 14 <sup>TH</sup> STREET	OCALA, FL 34471
P.D.	VIOLET D. POETTER, PSY.D.	2420 SE 14 <sup>TH</sup> STREET	OCALA, FL 34471

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

Date

Daytime Phone #

*[Signature]* RODNEY A. POETTER  
*[Signature]* VIOLET D. POETTER  
11/12/01 352-351-5522

# PHYSICIAN ADVISORY GROUP, INC.

*Personalized tax, accounting and management consulting  
for physicians and business professionals*

November 7, 2001

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

Dear Sir or Madam:

This letter is being written requesting corporation reinstatement for the following entity:

Entity: Poetter & Poetter, P.A.  
Doc#: G61911  
FEIN: 59-2355155  
Address: 3002 SE 1st Avenue, Bldg 200  
Ocala, FL 34471  
Officers: Rodney A. Poetter, Ph.D. - VP, Director  
Violet D. Poetter, Psy.D. - P. Director

It recently came to our attention that the above entity had not been paying the annual uniform business report fee. Upon further investigation it was discovered that the annual UBR form was being mailed to the place of business previously occupied. In researching the public records through the website [www.sunbiz.org](http://www.sunbiz.org) it came to our attention that the incorrect address was still on file. As a result, the entity indicated above had been dissolved, erroneously, since 1995. Therefore, in an effort to reinstate this corporation, please accept this check made payable to the Department of State for \$965.00. This check is to cover the following years, per telephone instructions from your office:

1996	\$200
1997	\$165
1998	\$150
1999	\$150
2000	\$150
2001	\$150
Total Reinstatement Fee	<u>\$965</u>

Thank you in advance for your consideration. We apologize for any inconvenience and confusion. Our cancelled check will be considered our receipt of reinstatement.

Sincerely,

Physician Advisory Group, Inc.

Poetter & Poetter, P.A.



Neil Rosin, MBA  
Consultant



Violet D. Poetter, Psy.D.  
President / Director



Rodney A. Poetter, Ph.D.  
Vice President / Director