

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

01 NOV -9 PM 6:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H18341**

1. Corporation Name

**DAVID G. SCHULTZ, D.O., P.A.**

Principal Place of Business

Mailing Address

C/O DAVID SCHULTZ  
1819 N HALIFAX AVE  
DAYTONA BCH, FL 32118-3438

C/O DAVID SCHULTZ  
1819 N HALIFAX AVE  
DAYTONA BCH, FL 32118-3438

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



**REINSTATEMENT** 01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/27/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2428019

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 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
PD	SCHULTZ, DAVID, D.O., P.	1819 N HALIFAX AVE	DAYTONA BCH, FL

~~700004703687-9~~  
-12/04/01--01031--017  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

GRANVILLE, GERALD C., C.P.A.  
595 N NOVA RD #107  
ORMOND BCH, FL 32074

9. Name and Address of New Registered Agent

Name: GRANVILLE, WHITE : ASSOCIATES - C.P.A.'S  
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

*Beverly A. White - Young*  
REGISTERED AGENT MUST SIGN

Date

10/31/01

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.

SIGNATURE:

*David Schultz* David Schultz 10/31/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 904-253 Daytime Phone 717

CR2E040 (8/01)