

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 AUG 21 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 99420

1. Corporation Name

Peter Carl Imber MD PA

2. Principal Office Address

3 Miracle Strip Loop

Suite, Apt. #, etc.

City & State

Panama City Beach FL

Zip

32407

Country

Bay

3. Mailing Office Address

3 Miracle Strip Loop

Suite, Apt. #, etc.

City & State

Panama City Beach FL

Zip

32407

Country

Bay

4. Date Incorporated or Qualified
To Do Business in Florida

2-14-1986

5. FEI Number

59-2639415

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

Anna Imber

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

#3 Miracle Strip Loop

Suite, Apt. #, Etc.

N/A

City

Panama City Beach

State

FL

Zip Code

32407

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

Anna Imber

REGISTERED AGENT MUST SIGN

Date 7-10-2001

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	ANNA Imber	3 Miracle Strip Loop	Panama City Beach FL 32407

REINSTATEMENT

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:

Anna Imber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-2001

Date

Daytime Phone #

850
235
2086

CR2E081 (9/00)