

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP -3 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/25/02--01001--014
***1050.00 ***1050.00

DOCUMENT # J57872

1. Corporation Name

Federgreen, Hoffman, Mordes,
Ritter, Speicher & Traynor,
M.D.'s P.A.

2. Principal Office Address

1801 SE Hillmoor Dr.

3. Mailing Office Address

1801 SE Hillmoor Dr.

Suite, Apt. #, etc.

A110

Suite, Apt. #, etc.

A110

City & State

Port St Lucie FL

City & State

Port St Lucie FL

Zip

34952

Country

USA

Zip

34952

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/20/87

5. FEI Number

59-2758265

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

Donald B Hoffman, Phd., M.D.

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

1801 SE Hillmoor Dr

Suite, Apt. #, Etc.

A110

City

Port St Lucie

State

FL

Zip Code

34952

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

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
DIR.	Warren Federgreen	1501 SE Lennard Rd.	Port St Lucie FL 34952
Pres DIR	Donald Hoffman	1801 SE Hillmoor Dr	Port St Lucie FL 34952
VP/DIR	Davide Mordes	2150 SE Salerno Rd.	Port St Lucie FL 34997
SEC/Dir	William Ritter	2150 SE Salerno Rd	Port St Lucie FL 34997
TREAS DIR	Matthew Speicher	2150 SE Salerno Rd	Port St Lucie, FL 34997
DIR	Kevin Traynor	1501 SE Lennard Rd	Port St Lucie FL 34952

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.

Donald Hoffman, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/27/02 772-335-3500

Daytime Phone #

CR2E031 (9/01)