

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # *11691036*  
 1. Corporation Name *PETER H GACH, M.D.*

FILED

99 MAR 24 PM 3:47

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
*2825 NORTH STATE ROAD 7.  
 MARGATE, FLORIDA 33063  
 SUITE 202*

*WFLA-16300*

REINSTATEMENT *97-0910*

4. Date Incorporated or Qualified To Do Business in Florida *3/2/89*  
 5. FEI Number *65-0118506*  
 6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

If above addresses are incorrect in any way, line through incorrect information and enter correction below  
 2. New Principal Office Address, If Applicable  
 3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc. City & State Zip Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>P</i>	<i>GACH, PETER HARVEY</i>	<i>2825 NORTH STATE RD 7 MARGATE</i>	<i>MARGATE, FL, 33063</i>

1000012827331-5  
 -04/01/99 -01119-009  
 \*\*\*1050.00 \*\*\*1050.00  
 1000012827331-5  
 -04/01/99 -01119-009  
 \*\*\*\*\*8.75 \*\*\*\*\*8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*GACH, PETER HARVEY.  
 2825 NORTH STATE RD 7.  
 MARGATE, FL. 33063.*

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc  
 City State Zip Code

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 *Peter H. Gach*  
 REGISTERED AGENT MUST SIGN

Date *3/26/99*

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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: *Peter H. Gach, M.D.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*PETER H. GACH*  
 Date *2/22/99*  
 Daytime Phone # *(954) 968-3330*

CP25091 (12/98)