## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

K69636

1. Corporation Name

PETER H. GACH M.D., P.A.

Principal Place of Business

SIGNATURE:

Mailing Address

2825 NORTH STATE ROAD 7., STE 202 MARGATE FL 33063 2825 NORTH STATE ROAD 7.. STE 202 MARGATE FL 33063

US

FILED

01 DEC 31 PM 2: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIBA



12/28/01

Date

If above	addresses are	incorrect in any way, line t	nrough incorrect i	information a	and enter correction below				
New Principal Office Address, If Applicable     3. New Mai			ling Office Address, If Applicable		4. Date Incor To Do Bus	Date Incorporated or Qualified     To Do Business in Florida     03/02/1989			
Suite, Apt. #, etc.			ŧ, etc.		5. FEI Numb	5. FEI Number Applied For			
City & State			City & State				65-0118506		
Zip		Country	Zip		Country	6. CERTIFICA		.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	orida nonpro	fit corporations must list at	least 3 directors)			
Title(s)	itle(s) Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo					
Р	GACH, PETER HARVEY			2825 NORTH STATE RD 7			MARGATE FL 33063		
•							0000476! -01/10/02- ****750.00		
			i s		MATERIL				
	8. Nam	e and Address of Curren	Registered Age	ent		Name and Address of New Registered Agent			
CACIL PETER HARMEY					Name	Name			
GACH, PETER HARVEY 2825 NORTH STATE RD 7					Street Address (P.O. Box Number is Not Acceptable)			-	
SUITE 202					Suite, Apt. #, Etc.			-	
MARGATE FL 33063					City State Zip Code			Zip Code	
Signature of Registered	of Agent	•	Hasu EGISTERED AG	CONTROL OF	SIGN	140	Date /2/28/		
this rein owed b	nstatement app y the corporati	olication, the reason for diss	olution has been names of individ	eliminated, luals listed o	the corporate name satisfi on this form do not qualify	es the requirement or an exemption ur	apter 607 or 617, F.S. I further s of section 607.0401 or 617.0 nder section 119.07(3)(i), F.S.	401, F.S., that all fees	

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR