

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

Mailing Address

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

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

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/02/1989

5. FEI Number

65-0118506

Applied For

Not Applicable

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
P	GACH, PETER HARVEY	2825 NORTH STATE RD 7	MARGATE FL 33063
			500004765255--2 -01/10/02--01069--002 ****750.00 ****750.00

REINSTATEMENT 01
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GACH, PETER HARVEY
2825 NORTH STATE RD 7
SUITE 202
MARGATE FL 33063

Name

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

Suite, Apt. #, Etc.

City

State
FL

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 Harvey Gach
REGISTERED AGENT MUST SIGN

Date 12/28/01

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:

Peter Harvey Gach 12/28/01 (954)
9683330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

01 DEC 31 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/01)