

1032
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -2 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L39617**

1. Corporation Name

Michael M. Gfesser, P.A.

2. Principal Office Address

65 Princewood Lane

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

00-05
MRB

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

12/22/89

5. FEI Number

650163671

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

Michael M. Gfesser

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

65 Princewood Lane

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

200046711192
02/16/05--01056--006 **900.00

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

Date

REGISTERED AGENT MUST SIGN

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
D/P/S	Michael M. Gfesser	65 Princewood Lane	Palm Beach Gardens, FL 33410

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-05

Date

561.301.5648

Daytime Phone #

CR2E081 (01/05)

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Michael M. Gfesser
65 Princewood Lane
Palm Beach Gardens, FL 33410
561.301.5648

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement of L39617

Dear Department:

Please reinstate the corporation Michael M. Gfesser, P.A.

I request waiver of the \$600 Reinstatement Fee. In the year 1999 I moved and did not receive any notices of renewal.

I enclose the Annual Report Fees and Corporate Supplemental Fees for the years 2000, 2001, 2002, 2003, 2004 and 2005 in the amount of \$900.00

Thank you,


Michael M. Gfesser