

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -2 PM 3:22

DOCUMENT # **L98927**

1. Corporation Name

MSC OF VERO BEACH, INC.

Principal Place of Business

~~C/O PAUL E. KOEHLER, INC.
100 VISTA ROYALE BLVD.
VERO BEACH FL 32962~~

Mailing Address

~~C/O PAUL E. KOEHLER, INC.
100 VISTA ROYALE BLVD.
VERO BEACH FL 32962~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
VISTA COMMERCIAL PROP.

Suite, Apt. #, etc.
100 VISTA ROYALE BLVD.

City & State
VERO BEACH FL

Zip
32962

Country
INDIAN RIVER

3. New Mailing Office Address, If Applicable
VISTA COMMERCIAL PROP

Suite, Apt. #, etc.
100 VISTA ROYALE BLVD

City & State
VERO BEACH FL

Zip
32962

Country
INDIAN RIVER

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/1990

5. FEI Number

65-0225410

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	KOEHLER, PAUL E. KOEHLER, KIRK W	3055 CASHWAL DR. 5701 GLEN EAGLE LANE	VERO BEACH FL
DT	BALPH, JAMES	53 CACHE CAY DR.	VERO BEACH FL
D	FOOTE, GEORGE H.	119 CACHE CAY DR.	VERO BEACH FL
			700004303077--7
			-05/23/01 -01090--019
			***\$800.00 ***\$800.00
			05/11

8. Name and Address of Current Registered Agent

~~KOEHLER, PAUL E.
100 VISTA ROYALE BLVD
SUITE 201
VERO BEACH FL 32962~~

9. Name and Address of New Registered Agent

Name
KIRK W KOEHLER
Street Address (P.O. Box Number is Not Acceptable)
100 VISTA ROYALE BLVD
Suite, Apt. #, Etc.
V
City
VERO BEACH
State
FL
Zip Code
32962

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

REGISTERED AGENT MUST SIGN

Date **4/28/01**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (800)