

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003955

1. Corporation Name

FIRST COAST ENDOCRINOLOGY FOUNDATION, INC.

2. Principal Office Address
9506 S RED ROAD

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33156

Country
MIAMI-DADE

3. Mailing Office Address
9506 S RED ROAD

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33156

Country
MIAMI-DADE

S02141900961
05/15/02 90012 022 \$61.25

**4. Date Incorporated or Qualified
To Do Business in Florida** 07/10/1997

5. FEI Number
65-0672719

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
DOUGLAS W OESTERLE

Street Address (P.O. Box Number is Not Acceptable)
9506 S RED ROAD

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33156

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

REGISTERED AGENT MUST SIGN

Date

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
P/D	ROBERT A OESTERLE, MD	9506 S RED ROAD	MIAMI, FL 33156
VP/D	RANDALL L WEAVER	9506 S RED ROAD	MIAMI, FL 33156
S/D	KARIN OSBORNE	9506 S RED ROAD	MIAMI, FL 33156

600030600546

03/17/04--01028--002 **122.50

REINSTATEMENT 2002-2004

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)(l), 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 #

CR2E081 (01/04)

N97600003955

First Coast Endocrinology Foundation, Inc.

9506 S Red Road Miami, FL 33156

(305) 665-7155 Fax (305) 667-2238

February 20, 2004

Florida Department of State
Secretary of State
Division of Corporations
Tallahassee, FL

FILED
04 MAR 10 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: First Coast Endocrinology Foundation, Inc.
Corporate Reinstatement



Dear Sir:

This Non Profit Corporation did not receive the annual report in 2002 and was therefore dissolved.

We are requesting that any penalty or interest be waived for 2002 and 2003.

Thank you



Douglas W. Oesterle
Registered Agent