

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 NOV -7 PM 5:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P000000049407

**1. Corporation Name**

DOC FRYE MEDICAL, P.A.

**2. Principal Office Address**

10734 1815 RESERVE CR.

**3. Mailing Office Address**

10734 1815 RESERVE CR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

WEST PALM BEACH, FL

**City & State**

WEST PALM BEACH, FL

**Zip**

33412

**Country**

USA

**Zip**

33412

**Country**

USA

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

5/18/00

**5. FEI Number**

94-3363309

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2001**

**7. Name and Address of Current Registered Agent**

**Name**

DARRIN L. FRYE MD

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

10734 1815 RESERVE CR

**Suite, Apt. #, Etc.**

**City**

WEST PALM BEACH

**State**

FL

**Zip Code**

33412

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11/16/01 01005-007

\*\*\*\*758.75 \*\*\*\*758.75

**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**

*Darrin Lyle Frye MD*  
REGISTERED AGENT MUST SIGN

**Date** 11/1/01

**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	DARRIN L. FRYE	10734 1815 RESERVE CR WP	WEST PALM BEACH, FL 33412

**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:**

*Darrin Lyle Frye MD*

DARRIN LYLE FRYE MD

**Date**

11/1/01

**Daytime Phone #**

561-601-9393