

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 30 PM 4:00

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DOCUMENT # P00600059796

1. Corporation Name

DR, FAB PA.

2. Principal Office Address

601 N. Clyde Morris Blvd

Suite, Apt. #, etc.

City & State

Daytona Beach, Florida

Zip

32114

Country

Volusia

3. Mailing Office Address

601 N. Clyde Morris Blvd

Suite, Apt. #, etc.

City & State

Daytona Beach, Florida

Zip

32114

Country

Volusia

4. Date Incorporated or Qualified  
To Do Business in Florida

5/31/00

5. FEI Number

59-3655111

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

Fabiola D. Jackson

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

601 N. Clyde Morris Blvd

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32114

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

*[Signature]* X

Date

11/10/01

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
Pres	Fabiola D. Jackson	ABOVE	ABOVE
V/P	Fabiola D. Jackson	✓	✓
Sec	Fabiola D. Jackson	✓	✓
Treas	Fabiola D. Jackson	✓	✓

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)(f), 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]* X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/01

Daytime Phone #

904-258-7438

CR2E081 (9/00)

202

Florida Dept of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl. 32314

November 8, 2001  
Re: #P00000059796

Dear Sir/Madam:

This was the first year for the above corporation and the owner did not realize that the annual fee had to be paid. When this form was not received by us we were not aware of its need to be filed. It is respectfully requested that the penalties be waived this one time. Thank you very much.

Enclosed is a check in the amount of \$150.00.

With Kindest Regards,



Dr. Fab Jackson, PA

CC: Business Control Service