

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 13 PH 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000115515

1. Corporation Name

WILLIAM PENZER, PH.D., P.A.

Principal Place of Business

150 S UNIVERSITY DR STE A  
PLANTATION FL 33324

Mailing Address

150 S UNIVERSITY DR STE A  
PLANTATION FL 33324

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/2000

5. FEI Number

65-1114574

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
DPVS	PENZER, WILLIAM	150 S UNIVERSITY DR STE A	PLANTATION FL 33324
T	PENZER, WILLIAM	150 S UNIVERSITY DR STE A	PLANTATION FL 33324

8. Name and Address of Current Registered Agent

PENZER, WILLIAM  
150 S UNIVERSITY DR STE A  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/10/02

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

11/10/02  
924 2757371

CR2040 (8/02)

# William Penzer, Ph.D.

Licensed Psychologist FL #2497

[www.WILLIAMPENZERPHD.com](http://www.WILLIAMPENZERPHD.com)

[www.anxietysource.com](http://www.anxietysource.com)

**Main Office:**

150 A South University Drive  
Plantation, FL 33324  
(954) 475-1371

Fax (954) 475-1466

**Satellite Office:**

2499 Glades Road #108  
Boca Raton, FL 33431  
(561) 361-1898

November 5, 2002

Florida Department of State  
Division of Corporation  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

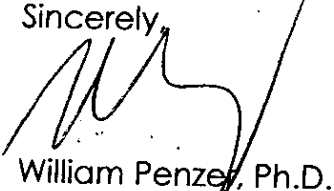
Please be advised that the reinstatement document for my corporation is the first notice I have received this year. The two previous notices mentioned in your letter have not arrived.

I'm enclosing the reinstatement application and a check for \$150. I would appreciate the opportunity to reinstate my company without penalty.

By copy of this letter I am instructing my CPA to alert me next year so that we can file a report on a timely basis and so that I will be on the lookout for it next year.

Thank you for your assistance.

Sincerely,



William Penzer, Ph.D.

pc: Paul Millman, CPA