

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN 22 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **PD1000023441**

**1. Corporation Name**

ROBERT J. LINDSTEDT, M.D., P.A.

**2. Principal Office Address**

6301 SW 42ND STREET

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip

34990

Country

USA

**3. Mailing Office Address**

6301 SW 42ND STREET.

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip

34990

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** 03/02/2001

**5. FEI Number**  
65-1085858

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

ROBERT J. LINDSTEDT

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

6301 SW 42ND STREET

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.**

Signature of  
Registered Agent

*Robert Lindstedt*  
REGISTERED AGENT MUST SIGN

Date

4/29/14

**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
D, P	ROBERT J. LINDSTEDT	6301 SW 42ND STREET	PALM CITY, FL 34990

**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:

*Robert Lindstedt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/14

Daytime Phone #

April 30, 2004

**ROBERT LINDSTEDT, M.D.**  
6301 SW 42<sup>nd</sup> ST.  
PALM CITY, FL 34990  
772-219-8219

Florida Department of State  
Division of Corporations  
re: address correction

To Whom it May Concern:

I have not received notification of renewal of my corporation nor statements of annual fees. Apparently my change of address was not received by your office, therefore I was unaware of the outstanding bill. I have enclosed a payment of \$450.00 to cover the fees due, and ask that you waive the reinstatement fee of \$600.00 due to the address error and resulting lack of communication.

Robert Lindstedt, M.D.

