

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000031388**

1. Corporation Name

MARK ALAN SAUER, M.D., P.A.

2. Principal Office Address

5708 RIVERSIDE DR.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33904

Country

LEE

3. Mailing Office Address

5708 RIVERSIDE DR.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33904

Country

LEE

REINSTATEMENT 03-04

4. Date Incorporated or Qualified

To Do Business in Florida 03/26/2001

5. FEI Number

651089135

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

THOMPSON, WILLIAM J ESQ.

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

9696 BONITA BEACH RD.

Suite, Apt. #, Etc.

SUITE 201

City

BONITA SPRINGS

200035558592

05/06/04--01022--022 **900.00

State

FL

Zip Code

34135

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

4/30/04

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	SAUER, MARK A	5708 RIVERSIDE DR.	CAPE CORAL, FL, 33904

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:

Mark A. Sauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-04

Daytime Phone #

239 549-3513

CR2E081 (01/04)