

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -3 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002-2003
JBR

DOCUMENT # P01000054096

1. Corporation Name

Joseph P. Crawford, M.D., P.A.

600011628606
02/03/03--01110--010 **308.75

02-03

2. Principal Office Address

1820 43rd Avenue

3. Mailing Office Address

1820 43rd Avenue

Suite, Apt. #, etc.

Suite One

Suite, Apt. #, etc.

Suite One

City & State

Vero Beach, Florida

City & State

Vero Beach, Florida

Zip

32960

Country

USA

Zip

32960

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

06/01/2001

5. FEI Number

65-1155988

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

DEC Consultants, Inc.

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

5070 Highway A1A, North

Suite, Apt. #, Etc.

Suite 221

City

Vero Beach

State

FL

Zip Code

32963

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

[Handwritten Signature]
DEC CONSULTANTS, INC. REGISTERED AGENT MUST SIGN

Date

01/30/2003

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	Joseph P. Crawford, M.D.	1820 43rd Avenue, Suite One	Vero Beach, Florida 32960

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/30/2003

Daytime Phone #

772

CR2E081 (10/02)

[Handwritten mark]

LAW OFFICES

RAPPEL & RAPPEL
A PROFESSIONAL ASSOCIATION

OAK POINT PROFESSIONAL CENTER
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SUNTRUST TOWER
SUITE 756
100 RIALTO PLACE
MELBOURNE, FLORIDA 32901
TELEPHONE 321.956.0950

2092

Reply to Vero Beach

January 30, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **Reinstatement of
JOSEPH P. CRAWFORD, M.D., P.A.**

To whom it may concern:

Please be advised that the law firm of Rappel & Rappel, P.A. (the "Firm") represents Joseph P. Crawford, M.D., P.A. (hereafter referred to as "Corporation") in the all corporate matters.

The Corporation did not receive their annual Uniform Business Report for filing, which resulted in administrative dissolution. In order to be reinstated, we are enclosing the Corporation Reinstatement form, with updated information, along with a check in the amount of \$308.75.

We thank you for your immediate attention in this matter. Should you have any questions in regard to the above, please contact me at your convenience.

Very truly yours,

RAPPEL & RAPPEL
A Professional Association

ROBERT RAPPEL, D.O., ESQ.
For the Firm

DRR/jrr
Enclosures
cc: Joseph P. Crawford, M.D., P.A.

s:\clients\crawford\crawford, p.a\letter to secretary of state re reinstatement sending ubr.doc