

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 -1 AM 10:37

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000064994

1. Corporation Name

DOCTOR'S CORNER INTERNATIONAL, INC.

Principal Place of Business

7048 MONTRICO DR  
 BOCA RATON FL 33433

Mailing Address

7048 MONTRICO DR  
 BOCA RATON FL 33433



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/29/2001

5. FEI Number

65-1117622

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Dr. Joseph Smith	7048 Montrico Drive	Boca Raton, FL
President	Svetlana Smith	7048 Montrico Drive	Boca Raton, FL

500008751095  
 11/01/02--01026--020 \*\*150.00

8. Name and Address of Current Registered Agent

SMITH, JOSEPH  
 7048 MONTRICO DR  
 BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name: Dr. Joseph Smith  
 Street Address (P.O. Box Number is Not Acceptable): 7048 Montrico Drive  
 Suite, Apt. #, Etc.:  
 City: Boca Raton State: FL Zip Code: 33433

CR12E040 (8/02)

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 of Joseph Smith*  
 REGISTERED AGENT MUST SIGN

Date 10-26-02

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 of Joseph Smith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-02

Date

561-393-6871

Daytime Phone #

PREPARED BY	
DATE	

10-26-02

1  
2 Dear BARBRA or to whom it  
3 may concern:  
4

5 As discussed as per our  
6 phone communication recently.  
7 I never received a prior notice  
8 from the Department of State for  
9 filing. I am asking that the  
10 late fees be waived, enclosed  
11 is a check for \$150- for  
12 Doctor's Corner International, Inc.  
13 which is a for profit corporation  
14 that has not starting doing  
15 regular business as yet.  
16

17 P.S. We have had in the past  
18 some problems with our mail,  
19 thank you for your consideration.  
20

21 Sincerely,  
22

23 Dr. Joseph Smith  
24  
25  
26  
27  
28