

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000067771

1. Corporation Name

FRANK ZACHERL, P.A.

2. Principal Office Address - No P.O. Box #

5110 SW 173rd Way

Suite, Apt. #, etc.

3. Mailing Office Address

5110 SW 173rd Way

Suite, Apt. #, etc.

City & State

SW Ranches, FL

City & State

SW Ranches, FL

Zip

33331

Country

USA

Zip

33331

Country

USA

7. Name and Address of Current Registered Agent

Name

Frank Zacherl

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

5110 SW 173rd Way

Suite, Apt. #, Etc.

City

SW Ranches

State

FL

Zip Code

33331

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/01

5. FEI Number

59-3728163

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Frank Zacherl III

Date 11/5/08

REGISTERED AGENT MUST SIGN

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
PD	Frank Zacherl	5110 SW 173 rd Way	SW Ranches, FL 33331

600137853696
11/12/08--01039--006 **1500.00

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 contained in Chapter 119, 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:

Frank Zacherl III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/08

Date

954 252
8221

Daytime Phone #

11/13/08

FILED
08 NOV 12 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (10/08)

D3-08