

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 JAN 23 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068053

1. Corporation Name Nicole TODAR, D.O., P.A.

200086473962  
01/30/07--01005--021 \*\*600.00

CR2E081 (12/05)

2. Principal Office Address  
1660 South West 3RD CT.

Suite, Apt. #, etc.

3. Mailing Office Address  
1660 SW 3RD CT.

Suite, Apt. #, etc.

City & State  
Boca Raton, FL

Zip 33432 Country USA

City & State  
Boca Raton, FL

Zip 33432 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida 7/11/01

5. FEI Number  
651117714

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  
Michael A. Cecere, C.P.A.

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

Suite, Apt. #, Etc.  
945 - A Clint Moore Road

City  
Boca Raton

State  
**FL**

Zip Code  
33487

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 Michael A. Cecere, CPA

REGISTERED AGENT MUST SIGN

Date 1/19/07

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
(PSTDD) President	<u>Nicole TODAR, D.O.</u>	<u>1660 SW 3RD CT.</u>	<u>Boca Raton FL 33432</u>

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:

Nicole TODAR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07  
Date

(561) 577-2408  
Daytime Phone #



Nicole Todar, D.O., P.A.  
1660 Southwest 3<sup>rd</sup> Court  
Boca Raton, Florida 33432

January 12, 2007

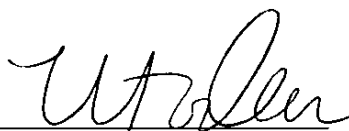
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To whom it may concern,

It has just come to my attention that my PA has been inactive since 2004. As per my conversation with one of your telephone representatives, I am writing to request that my corporation be reinstated and that the reinstatement fee be waived in view of the fact that I did not receive an annual report in 2004. Enclosed, along with my corporation reinstatement form, is a check for \$600.00 for 2004, 2005, 2006 and 2007 renewal fees.

Thank you for your attention to this matter.

Sincerely,



Nicole Todar, D.O.