

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 20 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000099368

1. Corporation Name

STEVEN J. SCHACHTER MD, P.A.

Principal Place of Business

1109 A RUSSELL DR.  
HIGHLAND BEACH FL 33487

Mailing Address

1109 A RUSSELL DR.  
HIGHLAND BEACH FL 33487

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

10/12/2001

5. FEI Number

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| D             | SCHACHTER, STEVEN J                       | 1109 A RUSSELL DR.                                     | HIGHLAND BEACH FL 33487 |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

8. Name and Address of Current Registered Agent

SCHACHTER, STEVEN J  
1109 A RUSSELL DR.  
HIGHLAND BEACH FL 33487

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 Steven J. Schachter*  
REGISTERED AGENT MUST SIGN

Date

11/10/02

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 Steven J. Schachter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/02

261-205-4400  
Daytime Phone #

CR2040 (8/02)

November 10, 2002

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

RE: Document # P01000099368  
Steven J. Schachter MD, P.A.

To Whom It May Concern:

I am requesting the reinstatement fee be waived since the corporation did not receive the prior two notices.

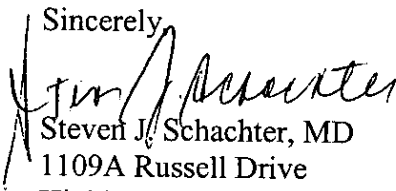
Enclosed is the Application for Reinstatement form as well as a check in the amount of \$158.75 which represents the \$150 fee to file the report without penalty along with a \$8.75 to require a certificate of status. Please forward the certificate to:

Susan M. Thornton  
154 Bermuda Court  
Ponte Vedra, FL 32082

If you have any questions, please call my assistant, Susan Thornton, at 904-543-9761.

Thank you for your attention to this matter.

Sincerely,



Steven J. Schachter, MD

1109A Russell Drive  
Highland Beach, FL 33487