

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # **P01000102970**

1. Corporation Name

PETER C. SOMERS M.D., P.A.

Principal Place of Business

400 ARTHUR GODFREY RD.
SUITE 512
MIAMI BEACH FL 33140

Mailing Address

400 ARTHUR GODFREY RD.
SUITE 512
MIAMI BEACH FL 33140

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

10/24/2001

5. FEI Number

65-1150793

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status



500023781365
10/14/03--01018--028 **150.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SOMERS, PETER C	400 ARTHUR GODFREY RD. SUITE 512	MIAMI BEACH FL 33140

8. Name and Address of Current Registered Agent

SOMERS, PETER C
400 ARTHUR GODFREY RD.
SUITE 512
MIAMI BEACH FL 33140

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

Peter Somers

Date **10-6-03**

REGISTERED AGENT MUST SIGN

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:

Peter Somers **PETER C. SOMERS**

10-6-03

Date

305-538-6424

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)

October 9, 2003

Department of State
Division of Corporations
P.O. Box 6327

RE: PETER C. SOMERS, M.D., P.A.
DOC.# P01000102970

Dear Sir or Madam:

I am in receipt of your 'Notice of Administrative Dissolution or Revocation'. Please be advised that the any prior UBR was never received at my office. Please abate all penalties and return the corporation to active status. Enclosed please find the 2003 UBR and the appropriate fee of \$150.00.

If you should require further information, please feel free to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter C. Somers", written in a cursive style.

Peter C. Somers, M.D.