

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 25 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000106696

1. Corporation Name

Professional Boundaries, Inc.

REINSTATEMENT 03-07

2. Principal Office Address

345 Skyler Run

Suite, Apt. #, etc.

3. Mailing Office Address

345 Skyler Run

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin FL

Zip

32541

Country

USA

Zip

32541

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/2001

5. FEI Number

02-0589175

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

STEPHEN J. SCHENTHAL

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

345 SKYLER RUN

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

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

Stephen J. Schenthal

REGISTERED AGENT MUST SIGN

Date March 19, 2004

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
Pres.	STEPHEN J. Schenthal MD	345 Skyler Run	Destin FL 32541
Sec.	STEPHEN J. Schenthal, MD.	345 Skyler Run	Destin FL 32541
TRES.	STEPHEN J. Schenthal, MD.	345 Skyler Run	Destin FL 32541

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 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:

Stephen J. Schenthal

STEPHEN J. SCHENTHAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2004

Date

850-654-6939

Daytime Phone #

CR2E081 (10/02)

Professional Boundaries, Inc.

345 Skyler Run

Destin, Florida 32541

Tel: 850-654-6939 Fax: 850-654-4119

www.ProfessionalBoundaries.com

March 19, 2004

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

Ref: Document #P01000106696

To Whom It May Concern:

Attached is the corporation reinstatement form.

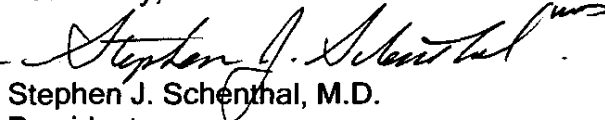
I am requesting a waiver of the reinstatement fee.

I did not obtain my 2003 filing notice prior to September 2003 due to relationship issues in my marriage. A divorce is pending.

Enclosed is a check in the amount of \$300.00.

Would you please extend a waiver and reinstate the corporation.

Yours truly,



Stephen J. Schenthal, M.D.
President