

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 30 AM 9:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000003956

1. Corporation Name

KARR DOCTOR, INC.

Principal Place of Business

1133 W. KING STREET
ST. AUGUSTINE FL 32092

Mailing Address

1133 W. KING STREET
ST. AUGUSTINE FL 32092

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

8116 RIVER POINTE COURT

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32092

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2002

5. FEI Number

02-0536197

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT 03

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
PD	HUNTER, STEPHEN	1133 W. KING STREET	ST. AUGUSTINE FL 32092
DVPS	HUNTER, CHARLES R SR	2988 BEAVER AVE.	MIDDLEBURG FL 32068
T	BAILEY, DAVID B	453 BRUYN ST.	ST. AUGUSTINE FL 32084

600024264886
10/30/03--01005--020 **150.00

8. Name and Address of Current Registered Agent

HUNTER, STEPHEN
1133 W. KING STREET
ST. AUGUSTINE FL 32092

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

Stephen D. Hunter

REGISTERED AGENT MUST SIGN

Date 10-23-03

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:

Stephen D. Hunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

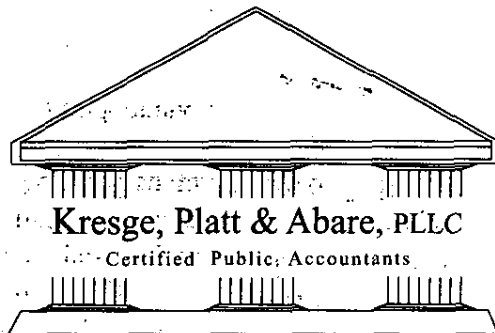
10-23-03

Date

(904) 829-3469

Daytime Phone #

CR2E040 (7/03)



Kresge, Platt & Abare, PLLC

Certified Public Accountants

Business and Personal: Financial Consulting Tax Preparation and Planning Auditing and Bookkeeping Estate Planning

October 10, 2003

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


Karr Doctor, Inc.
Document # P02000003956

Dear Sir or Madam:

The above taxpayer recently received a notice concerning its administrative dissolution. Please note that the above taxpayer's address has changed, and does not receive mail at the address you currently have on file. We respectfully request reinstatement of the above taxpayer and are sending the required annual fee of \$150.

Thank you for your time and understanding.

On behalf of the taxpayer,


Benjamin L. Platt, MBA, CPA

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