

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 17 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000032332

1. Corporation Name

DARRELL T. COOMER ORTHOPAEDICS, INC.

Principal Place of Business

Mailing Address

1033 AUTUMN LEAF DRIVE
WINTER GARDEN FL 34787

1033 AUTUMN LEAF DRIVE
WINTER GARDEN FL 34787

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/2002

5. FEI Number

03-0413797

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	COOMER, DARRELL T	1033 AUTUMN LEAF DRIVE	WINTER GARDEN FL 34787

200023914962
10/17/03 01089 016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COOMER, DARRELL T
1033 AUTUMN LEAF DRIVE
WINTER GARDEN FL 34787

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

Darrell T. Coomer
REGISTERED AGENT MUST SIGN

Date 10-10-03

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)(l), 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:

Darrell T. Coomer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

487-468-1895

CR2040 (7/03)

October 10, 2003

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: Darrell T. Coomer Orthopaedics, Inc.
Document Number P02000032332

Dear Sirs:

Please accept this letter as verification that I did not receive the first and/or second notices to file a corporate annual report/uniform business report.

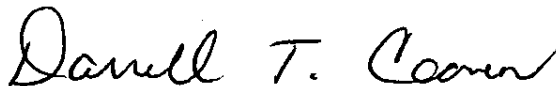
I received the Notice of Administrative Dissolution or Revocation form on October 9, 2003. Per the instructions therein, I am writing this letter to request a waiver of the reinstatement fee.

Also, enclosed please find the 2003 Annual Report/Uniform Business Report for Darrell T. Coomer Orthopaedics, Inc., and the \$150.00 filing fee for a for-profit corporation. Please file same with the Department of State.

Thank you for your help and consideration in this matter.

Sincerely,

Darrell T. Coomer Orthopaedics, Inc.

A handwritten signature in cursive script that reads "Darrell T. Coomer".

Darrell T. Coomer, President