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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 10 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PD2000044841**

1. Corporation Name

Timothy S. Sigman, M.D., P.A.

2. Principal Office Address:

7965 Bay Street

3. Mailing Office Address

7965 Bay Street

Suite, Apt. #, etc.

Suite 6

Suite, Apt. #, etc.

Suite 6

City & State

Sebastian, Florida

City & State

Sebastian, Florida

Zip

32958

Country

USA

Zip

32958

Country

USA

500030244735
03/10/04-01068--003 **150.00

02/09/04 01012 018 1800

4. Date Incorporated or Qualified
To Do Business in Florida

4-24-02

5. FEI Number

03-0446341

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

Christopher C. Campione, Esquire

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

80 Royal Palm Pointe

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32960

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

Timothy S. Sigman

Date **2/2/04**

REGISTERED AGENT MUST SIGN

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	Timothy S. Sigman, M.D.	7965 Bay Street - Suite 6	Sebastian, Florida 32958

REINSTATEMENT 03-04

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)(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:

Timothy S. Sigman
Timothy S. Sigman, M.D.

2-2-04

772-388-9816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



**BOWEN & CAMPIONE, P.A.
ATTORNEYS AT LAW**

80 Royal Palm Pointe, Vero Beach, Florida 32960
Telephone: (772) 978-9582 Telecopier: (772) 978-9584

600 Jennings Avenue, Eustis, Florida 32726
Telephone: (352) 589-1414 Telecopier: (352) 589-1726

LENNON E. BOWEN, III
DAVID M. CAMPIONE*
CHRISTOPHER C. CAMPIONE**

Reply to Vero Beach

JOHN J. CAMPIONE
JASON M. RADSON
DEREK A. SCHROTH

*Also admitted to practice in Georgia
**Also admitted to practice in South Carolina

March 3, 2004

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Timothy S. Sigman, M.D., P.A.
FEI Number - 03-0446341

Dear Sir/Madam:

Enclosed please find a Corporation Reinstatement Form in regard to the above-referenced corporation. This form was originally federal expressed to your office on February 4, 2004.

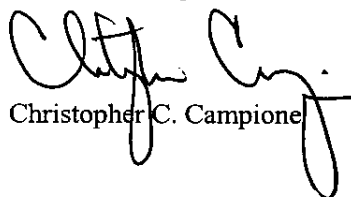
My client has informed me that he did not receive a notice or an invoice in order to timely pay the appropriate corporation annual fees.

In accordance with Katrina of your office, enclosed is a check in the amount of \$150.00 representing the amount due for the 2004 Annual Fee. Your office has a credit in the amount of \$150.00 for the corporation reinstatement fee for Timothy S. Sigman, M.D., P.A. which was sent Federal Express to your office on February 4, 2004.

Should you have any questions or need any additional information, please feel free to contact me.

Sincerely,

Bowen & Campione, P.A.



Christopher C. Campione

CCC:klp
Enclosure
cc: Timothy S. Sigman, M.D.