

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 OCT -7 AM 10:43

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000050469

1. Corporation Name

BJORN DIMBERG, MD, PA

100023669451
10/09/03--01064--014 **150.00

REINSTATEMENT 03

2. Principal Office Address 7825 S HWY A1A		3. Mailing Office Address 7825 S HWY A1A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MELBOURNE BEACH, FL		City & State MELBOURNE BEACH, FL	
Zip 32951	Country BREVARD	Zip 32951	Country BREVARD

4. Date Incorporated or Qualified To Do Business in Florida 05/07/02	
5. FEI Number 02-0596694	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ 6375-Additional Fee Required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name BJORN DIMBERG, M.D.		
Street Address (P.O. Box Number is Not Acceptable) 7825 S HWY A1A		
Suite, Apt. #, Etc.		
City MELBOURNE BEACH	State FL	Zip Code 32951

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/01/03

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
D	BJORN DIMBERG, M.D.	7825 S HWY A1A	MELBOURNE BEACH, FL 32951

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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BJORN DIMBERG, M.D.

Date

Daytime Phone #

321 729 6083

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C.R. COOPER, CPA, PA**5350 10TH Ave. North, Suite 8****Lake Worth, Florida 33463**American Institute of
Certified Public Accountants(561) 964-6927
(561) 432-0008Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

October 1, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314Taxpayer: Bjorn Dimberg MD, PA
FEIN: 02-0596694
Tax Form: UBR
Tax Period: 2003

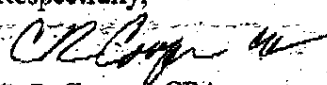
To Whom It May Concern:

We have enclosed check #1913 in the amount of \$150.00 for the annual renewal of the above corporation.

Please abate the penalty as Dr. Dimberg did not receive the original UBR, and did not intentionally avoid the filing fee. The corporation is fairly new and, therefore, Dr. Dimberg is not completely familiar with the UBR.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,


C. R. Cooper, CPA

Encl.

cc