

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 24 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000084731**

1. Corporation Name

**THOMAS A. SIPPRELL, D.O., P.A.**

Principal Place of Business

2828 CASA ALOMA WAY  
SUITE 100  
WINTER PARK FL 32792

Mailing Address

2828 CASA ALOMA WAY  
SUITE 100  
WINTER PARK FL 32792

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/01/2002

5. FEI Number

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
PSTD	SIPPRELL, THOMAS A D.O.	2828 CASA ALOMA WAY #100	WINTER PARK FL 32792

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEFKOWITZ, IVAN M  
430 NORTH MILLS AVENUE  
ORLANDO FL 32803

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

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:

*Thomas A. Sipprell*  
**THOMAS A. SIPPRELL DO 10/22/03 407-677-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

**THOMAS A. SIPPRESS, D.O., P.A.**

BOARD CERTIFIED OBSTETRICS AND GYNECOLOGY

2828 Casa Aloma Way, Suite 100 • Winter Park, Florida 32792 • Telephone (407) 677-6000 • Fax (407) 677-6246

October 22, 2003

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

To Whom It May Concern:

Per my conversation with Mr. Tryone Scott I am enclosing a check and completed form along with this letter asking for a fee waiver.

The date of incorporation for my business was 8-1-02. Mr. Ivan Lefkowitz, attorney at law, prepared the necessary documentation and serves as my current registered agent. Neither Mr. Lefkowitz nor I received any prior requests or documentation regarding a 2003 corporation annual report/uniform business report form.

Not until this current notice of administrative dissolution or revocation arrived have we received any correspondence regarding this matter. For that reason I am requesting a waiver of the penalty fee and acceptance of this completed form.

Thank you for your kind consideration in this matter.

Sincerely yours

Thomas A. Sipprell D.O.