

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 30 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000115683

1. Corporation Name

Carl D. Zollicoffer, M.D., P.A.

REINSTATEMENT 03

600024292846
10/30/03--01047--007 **150.00

2. Principal Office Address

2401 Frist Boulevard

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Zip

34950

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 10/28/2002

5. FEI Number

54-2081024

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

DEC Consultants, Inc.

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

1515 Indian River Boulevard

Suite, Apt. #, Etc.

Suite A210

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

Date 10/20/2003

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
PD	Carl D. Zollicoffer, M.D.	2401 Frist Boulevard, Suite 3	Fort Pierce, FL 34950

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

772.429.3400

Daytime Phone #

CH2E081 (10/02)

LAW OFFICES

RAPPEL & RAPPEL

A PROFESSIONAL ASSOCIATION

BRIDGEWATER
SUITE A 210
1515 INDIAN RIVER BOULEVARD
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ROBERT RAPPEL, D.O., J.D.*
CRAIG M. RAPPEL**
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* MEMBER FLORIDA AND DC BAR
** BOARD CERTIFIED CRIMINAL TRIAL LAWYER
** OF COUNSEL

October 29, 2003

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

Re: Reinstatement of
CARL D. ZOLLICOFFER, M.D., P.A..

To whom it may concern:

Please be advised that the law firm of Rappel & Rappel, P.A. (the "Firm") represents Carl D. Zollicoffer, M.D., P.A. (hereafter referred to as "Corporation").

The Corporation did not receive their annual Uniform Business Report for filing, which resulted in administrative dissolution on September 19, 2003. We are enclosing the Corporation's Reinstatement form, with updated information, along with a check in the amount of \$150.00, for reinstating.

We thank you for your immediate attention in this matter. Should you have any questions in regard to the above, please contact our firm at your convenience.

Very truly yours,

RAPPEL & RAPPEL
A Professional Association

ROBERT RAPPEL, D.O., ESQ.
For the Firm

DRR/jrr
Enclosures
cc: Carl D. Zollicoffer, M.D., P.A.

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