

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 30 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000121762

1. Corporation Name

DAVID N. RATCLIFFE, D.O., INC.

600087607086

02/07/07--01053--014 **300.00

REINSTATEMENT

2. Principal Office Address

949 ALAMEDA WAY

Suite, Apt. #, etc.

3. Mailing Office Address

949 ALAMEDA WAY

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34334

Country

Zip

34334

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2002

5. FEI Number

56-2304481

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

RATCLIFFE, DAVID N.

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

949 ALAMEDA WAY

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34334

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

REGISTERED AGENT MUST SIGN

Date

1/17/07

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
P, D	RATCLIFFE, DAVID N.	949 ALAMEDA WAY	SARASOTA, FL 34334

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 contained in Chapter 119, 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

Daytime Phone #

1/17/07

**DAVID N. RATCLIFFE, D.O., INC.
949 ALAMEDA WAY
SARASOTA, FL 34334**

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PERSONAL & CONFIDENTIAL

CERTIFIED MAIL # _____
with Return Receipt

January 16, 2007

Ms. Eula Peterson
Florida Dept of State
Division of Corporations - Reinstatements
P.O. Box 6327
Tallahassee, FL 32314

Re: P02000121762 - Corporation Reinstatement
David N. Ratcliffe, D.O., Inc. – FEIN 56-2304481

Dear Ms. Peterson:

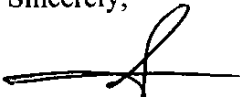
Pursuant to your telephone conversation today with Darlene Plough, enclosed please find an application for Corporation Reinstatement on the above-mentioned corporation. As agreed, I have also included a check in the amount of \$300.00 for the 2006 and 2007 annual corporation renewal fees.

A waiver of reinstatement fees was granted due to the following factors:

- The State of Florida records show Admin Dissolution for Annual Report was filed on 9/16/2005 by the Department of State. However, the 2005 Annual Report filed on 7/20/2005, included with it was a cover letter and the agreed payment of \$150.00.
- Due to the dissolution error by the state, the 2006 notice for renewal was never received.

Your prompt assistance with a remedy for this matter is greatly appreciated.

Sincerely,



David N. Ratcliffe
President

Enclosures