

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P02000134865

1. Corporation Name

JO ANN ZARTMAN, P.A.

Principal Place of Business  6337 P.G.A. DR N FT MYERS FL 33917	Mailing Address  6337 P.G.A. DR N FT MYERS FL 33917
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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.	3. New Mailing Office Address, If Applicable  Suite, Apt. #, etc.
City & State  Zip	City & State  Zip
Country	Country
4. Date Incorporated or Qualified To Do Business in Florida  12/24/2002	
5. FEI Number  <input checked="" type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED  <input type="checkbox"/> \$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
PSD	ZARTMAN, JO ANN	6337 P.G.A. DR	N FT MYERS FL 33917
VTD	ZARTMAN, GEORGE	6337 P.G.A. DR	N FT MYERS FL 33917

8. Name and Address of Current Registered Agent  ZARTMAN, GEORGE 6337 P.G.A. DR N FT MYERS FL 33917	9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  Zip Code
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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

*George Zartman*  
REGISTERED AGENT MUST SIGN

Date 12-30-03

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:

*George Zartman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-03 239-980-3278

Date Daytime Phone #

FILED

04 JAN -7 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



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