

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 23 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 992000015305

1. Corporation Name

ARTHUR L. HALL, MD PA

~~WOS-11622~~

2. Principal Office Address

149 EDINBURGH DR.

Suite, Apt. #, etc.

A

City & State

WINTER PARK, FLORIDA

Zip

32792

Country

UNITED STATES

3. Mailing Office Address

P.O. BOX 1796

Suite, Apt. #, etc.

N/A

City & State

WINTER PARK, FLORIDA

Zip

32790

Country

UNITED STATES

REINSTATEMENT

01-05

4. Date Incorporated or Qualified
To Do Business in Florida

11/1/93

5. FEI Number

59-3158482

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

ARTHUR L. HALL, MD

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

149 EDINBURGH DRIVE

Suite, Apt. #, Etc.

SUITE A

City

WINTER PARK

State

FL

Zip Code

32792

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

03/14/2005

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
PRES	ARTHUR L. HALL, MD	1544 COUGAR COURT WINTER PARK, FL 32792	CASSELBERG, FL 32707
V. PRES	AMY D. HALL	1544 COUGAR COURT WINTER PARK, FL 32792	CASSELBERG, FL 32707

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:

ARTHUR L. HALL, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/14/2005 4076455714

3/23/05

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Arthur L. Hall, M.D., P.A.

Fellow American Academy of Family Physicians
Certified in Geriatrics

February 10, 2005

Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Arthur L. Hall, M.D., P.A.

To Whom It May Concern:

You are hereby advised that I learned only recently that ARTHUR L. HALL, M.D., P.A. of which I am the principal, was involuntarily dissolved on September 21, 2001 for failure to pay the annual administrative fee.

It is my belief that I never received any document with respect to the annual renewal or any document relating to reinstatement at my current address of 149 Edinburgh Drive, Suite A, Winter Park, Florida 32792. This is consistent with the expiration of the post office's forwarding order for mail sent to our former at 1111 N. Kentucky Avenue, Suite B, Winter Park, Florida 32789.

I am enclosing a check in the amount of \$750.00 for the reinstatement fee and I respectfully request that you to waive the additional \$600.00 in fees which I am aware could be charged for this reinstatement.

Please accept my sincere appreciation for your anticipated cooperation.

Yours truly,

Arthur L. Hall, M.D., P.A.

By: 

Arthur L. Hall, M.D., President

ALH/bb

Encl.