

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 JUN 29 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037969

**1. Corporation Name**

David M. Fowler, MD, PA

**2. Principal Office Address**

6310 NW 120th Drive

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip Country

33076 USA

**3. Mailing Office Address**

303 N. Warrnell St.

Suite, Apt. #, etc.

City & State

Plant City FL

Zip Country

33563 USA

04/24/03 01084 002 150.00  
CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-3190962

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

David M Fowler

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

6310 NW 120th Drive

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33076

**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

David M. Fowler, MD, PA President

Date 6/28/06

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
Dr	David M Fowler	6310 NW 120th Drive	Coral Springs, FL 33076
			B 6/30/04
			REINSTATEMENT 02-06
			900077158099 07/07/06--01048--020 **\$00.00

**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:

David M. Fowler, MD, PA President

6/28/06

954-757-1640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Harman & Peaslee, P.A.**

Certified Public Accountants

Charles C. Harman, C.P.A.

R. Read Peaslee, C.P.A.

*paye 20R*

June 28, 2006

Florida Department of State  
Secretary of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: David M Fowler, MD PA  
P93000037969

Gentlemen:

Attached is the completed Reinstatement Application for the above referenced corporation along with the Corporation's check in the amount of \$600.00.

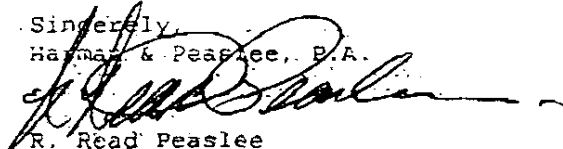
According to our records we attempted to properly file for this corporation in both 2002 and 2003. The Department claims to have never received the renewal application for 2002 along with the payment, but does acknowledge the receipt and payment of the annual fee for 2003.

The corporation has not received any renewal forms or documents after the renewal payment of 2003.

We request that you waive the Reinstatement Fee of \$600.00 since a review of the corporation's history will show that the corporation has always attempted to comply with all rules, regulations and filings with the State of Florida.

If you find that you need additional information in order to comply with this request, please do not hesitate to contact us.

Sincerely,  
Harman & Peaslee, P.A.

  
R. Read Peaslee  
Certified Public Accountant