PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 AM 8:46

DOCUMENT # P94000000764

1. Corporation Name

EDWARD L. FRAME, M.D., P.A.

Principal Place of Business	Mailing Address
201 HILDA ST STE 20 KISSIMMEE FL 34741 US	201 HILDA ST STE 20 KISSIMMEE FL 34741 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/27/1993

5. FEI Number: 59-3198272 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FRAME, EDWARD L	201 HILDA ST STE 20	KISSIMMEE FL

700004658157--8
-10/30/01--01003--009
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FRAME, EDWARD L 201 HILDA ST STE 20 KISSIMMEE FL 34741	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

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.

Signature of Registered Agent: Edward L. Frame MD Date: 10-15-2001

REGISTERED AGENT MUST SIGN

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: Edward L. Frame MD / Edward L. Frame MD 10-15-2001 / 407-933-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/01)

10-15-2001

DR. EDWARD L. FRAME
201 W. Hilda St.
Suite 20
Kissimmee, FL 34741

Dear Sir:

I have received your certificate of Administrative Dissolution or Revocation of my Corporation named Edward L. Frame, M.D., P.A. I was astonished to receive this letter since our records show we sent this application with a check in the amount of $150.00 dated April 27, 2001, the check # being 2475. Apparently this check and application was either misplaced by Post office or your Department.

I was not aware that this was not paid by the Bank because I delayed sending records to my certified Public Accountant. However I Am aware of this Annual fee.

I respectfully request the abatement of the penalties and your consideration for the acceptance of my Annual report.

Attached is check # 3888 in the Amount of $150.00

Thank you for your kindness and consideration and I Apologize for any inconvenience that this may have caused.

Cordially I remain

Edward L. Frame M.D.

DR. EDWARD L. FRAME
201 W. Hilda St.
Suite 20
Kissimmee, FL 34741