

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

~~806 ROSE AVENUE~~

Suite, Apt. #, etc.

~~P.O. BOX 421605~~

City & State

~~Kissimmee, FL~~

City & State

~~Kissimmee, FL~~

Zip

~~34741~~

Country

~~USA~~

Zip

~~34742~~

Country

~~USA~~

REINSTATEMENT



400023810984
10/17/03--01072--028 **158.75

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FRAME, EDWARD L	201 HILDA ST STE 20	KISSIMMEE FL
		806 Rose Avenue	Kissimmee, FL 34741

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

Edward L. Frame

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

806 Rose Avenue

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34741

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

Edward L. Frame

Date

10-13-03

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 / Edward L. FRAME MD 10-13-03 407-997-2147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

10-13-03

To whom it may concern:

I Edward L. Frame MD President of Edward L. Frame
MD, P.A. a registered corporation in the State of Florida
since 12-27-1993 affirm and Attest that the UBR
notices were never received by me prior to receiving
this current Application here enclosed. This is not
the First time it happens but I do encounter A lot
of mail delivery problems in my area. Actually
I Finally received this Application After it was
Forwarded From Another Address and eventually
to me. Please pardon Any inconvenience that
this could have caused and please maintain
this corporation AS Active status.

P.S

Enclosed is
the \$150.00 fee
to file the report
and \$8.75 Additional
Fee for A certificate
of status.

Thank you for your
understanding

Sincerely I remain

Edward L. Frame MD

Edward L. Frame MD.
President.