

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016039

1. Corporation Name

JAMES PRUCHNIEWSKI, DPM, P.A.

2. Principal Office Address

4973 U.S. HWY 98, North

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33809

Country

USA

3. Mailing Office Address

4973 U.S. HWY 98, North

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33809

Country

USA

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

02/10/1995

5. FEI Number

59-3297592

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

James Pruchniewski

4973 U.S. HWY 98, North

Suite, Apt. #, Etc.

City

Lakeland, Florida

State

FL

Zip Code

33809

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

James Pruchniewski DPM PA
REGISTERED AGENT MUST SIGN

Date

11-23-05

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
DPS	James Pruchniewski	4973 U.S. HWY 98, North	Lakeland, Florida 33809

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:

James Pruchniewski DPM PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-23-05

Daytime Phone #

863-859-4434

FILE

05 DEC -2 AM 11:59

SEC. OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-05

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CR2E081 (8/05)

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12/02/05-01051-016 #*000.75

2 of 2

James Pruchniewski, DPM, P.A.
4973 U.S. Hwy 98, North
Lakeland, Florida 33809

Florida Department of State
Division of Corporations
Attn: Incorporation Section
P. O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Professional Association
for James Pruchniewski, DPM, P.A.,
Document #P95000016039

To Whom It May Concern:

I, as president of James Pruchniewski, DPM, P.A., request that you waive the reinstatement fee based on reasonable cause and good faith.

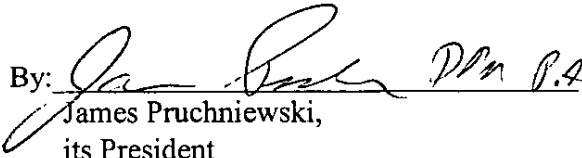
The year we failed to file our Uniform Business Report and were administratively dissolved, we moved to a new office and did not receive a notice to file the Uniform Business Report. Without the notice, we were unaware it was necessary to file the report and unfortunately failed to file the report. Recently, in a discussion with the Professional Association's attorney, the attorney advised us the Professional Association ("P.A.") had been dissolved and advised us of our filing responsibility and immediately advised us to reinstate the P.A.

We have taken appropriate steps to get the P.A. reinstated, and more importantly, have learned the importance of the annual filing requirements. From hereon, the P.A. shall timely file and pay the annual report and fees. Therefore, based on the foregoing, I request that the Department of State waive the reinstatement fee, and accept our enclosed Corporate Reinstatement form and payment of \$608.75 for a certificate of status and unpaid annual report fees and corporate supplemental fees from 2002 to 2005.

If you have any questions or concerns, please do not hesitate to contact the P.A.'s attorney, John J. Lancaster, at (863) 647-5337.

Sincerely,

James Pruchniewski, DPM, P.A.,
a Florida Professional Association

By:  DPM P.A.
James Pruchniewski,
its President