

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 26 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000039562**

1. Corporation Name

First Coast Endocrinology P.A.
9506 South Red Road
Miami, Florida 33156

2. Principal Office Address - No P.O. Box #

9506 South Red Road

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

Miami, Fl. 33156

City & State

Zip

33156

Country

Dade

Zip

same

Country

same

REINSTATEMENT

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/1996

5. FEI Number

65-0672724

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$R 75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Douglas W. Oesterle

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

9506 South Red Road

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Douglas W. Oesterle 3/21/07

Date

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
PD	Douglas W. Oesterle	9506 South Red Road	Miami, Fl. 33156
VPD	Robert A. Oesterle	9506 South Red Road	Miami, Fl. 33156

400095807754
04/04/07--01043--003 **600.00

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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

March 21, 2007

Date

Daytime Phone #

263

OESTERLE ACCOUNTANTS LLC

Tax, Accounting and Financial Planning Services

9506 Red Road • Miami, Florida 33156 • Phone: 305-665-7155 • Fax: 305-667-2238

March 20, 2007

Department of State
Divisions of Corporations
5050 West Tennessee Street
Tallahassee, Fl. 32314

RE: FEI#: 65-0672724
First Coast Endocrinology, PA
Document #: P96000039562

Dear Sir:

This corporation has been dissolved in error
and a penalty of \$600.00 was assessed.

We are asking for abatement of the penalty
as we did not receive your postcard renewal notices.

Thank you.



Douglas W. Oesterle

DWO/ko