

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 APR 20 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000099228

1. Corporation Name

David H. Reimer, P.A.

2. Principal Office Address - No P.O. Box # 2115 N Commerce Parkway		3. Mailing Office Address 2115 N Commerce Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston, FL		City & State Weston, FL	
Zip 33326	Country USA	Zip 33326	Country USA

7. Name and Address of Current Registered Agent

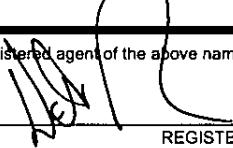
Name David H. Reimer			
Street Address (P.O. Box Number is Not Acceptable) 2115 North Commerce Parkway			
Suite, Apt. #, Etc.			
City Weston		State FL	Zip Code 33326

700151471207
04/21/09-01022-016 *\$750.00
CB2E081 (12/08) **REINSTATEMENT** 05-09

4. Date Incorporated or Qualified To Do Business in Florida 12/09/1996	
5. FEI Number 650713312	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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.

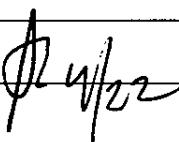
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent 

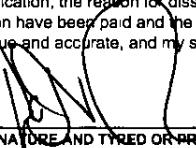
Date April 16, 2009

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
DP	David H Reimer	2115 North Commerce Parkway	Weston, FL 33326



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 H Reimer

SIGNATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2009 954-384-9200

Date

Daytime Phone #