

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -9 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000011296

1. Corporation Name

Dr. Bryan Wexler & Assoc.

REINSTATEMENT 03-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
6951 Trone Square

3. Mailing Office Address
11629 Bristol Chase Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg FL

City & State
Tampa FL

Zip
33710

Country
Pinellas

Zip
33626

Country
hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida **2/12/97**

5. FEI Number
59-3425224

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
Bryan Wexler

Street Address (P.O. Box Number is Not Acceptable)
11629 Bristol Chase Drive

Suite, Apt. #, Etc.

City
Tampa FL

State
FL

Zip Code
33626

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

Bryan Wexler

REGISTERED AGENT MUST SIGN

Date **3/30/07**

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
Pres.	Bryan Wexler	11629 Bristol Chase Drive	Tampa FL 33626

9000097313669

04/18/07--01023--002 **750.00

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:

Bwb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07 (813) 926-4349

Date Daytime Phone #

2/4/11