

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 30 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000034997

1. Corporation Name

DR. NEAL F. KROUSE, D.O., P.A.

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-10/02/02--01015--023
***1200.00 ***1200.00

2. Principal Office Address

458 W HILLSBORO BLVD.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33441-1604

Country

USA

3. Mailing Office Address

458 W HILLSBORO BLVD.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33441-1604

Country

USA

REINSTATEMENT 99-02

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

4/18/1997

5. FEI Number

65-0745212

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

NEAL F KROUSE

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

458 W HILLSBORO BLVD.

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State
FL

Zip Code

33441-1604

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

Neal F Krouse

Date

9/24/02

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
D	NEAL F KROUSE	458 W HILLSBORO BLVD.	DEERFIELD BEACH, FL 33441

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:

Neal F Krouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/24/02

Daytime Phone #

954-418-9443

CR2E081 (9/01)

9/24/02