

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAR -8 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000080663**

**1. Corporation Name**

**Lori B. Wagner, D.O., PA**

**2. Principal Office Address**

**3905 Appletree Dr.**

Suite, Apt. #, etc.

City & State

**Valrico FL**

Zip

**33594**

Country

**HILLSBOROUGH**

**3. Mailing Office Address**

**3905 Appletree Dr.**

Suite, Apt. #, etc.

City & State

**Valrico FL**

Zip

**33594**

Country

**HILLSBOROUGH**

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

**9/15/97**

**5. FEI Number**

**59-3474481**

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

**Lori B. Wagner**

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

**3905 Appletree Dr.**

Suite, Apt. #, Etc.

City

**Valrico**

State

**FL**

Zip Code

**33594**

**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

**[Signature]**

Date

**2/29/00**

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
Pres.	Lori B. Wagner	3905 Appletree Dr.	Valrico FL 33594
Sec'y	"	"	"
Treas	"	"	"

**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:

**[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/29/00 813-654-8908**

Date

Daytime Phone #

CR2E081 (9/99)

(2)

**Lori B. Wagner, D.O. (PA)**  
**Synergy Center for Health**  
525 Wilbur Street, Brandon FL 33511  
813-684-8494 fax: 684-4969

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

*certified mail*

*\* 7099 3400 0001 3531 5963*

Attention: Ms. Kathy Ashton

Dear Ms. Ashton:

Enclosed is my reinstatement application for my corporation, which was administratively dissolved on 9/24/99. You may recall during our conversation that I was no longer at the address that the annual report form was mailed to and it was not forwarded by the Post Office. That is why there was no annual report filed for 1999 for my corporation.

Please note that my tangible and intangible taxes and other State tax-related filings were completed for this period.

During our conversation, we discussed that I should submit this letter requesting a one-time waiver of the \$600.00 Reinstatement fee. I understand that in order to reinstate and bring me up-to-date for 1999 & 2000 that I could submit \$300.00 along with the form and this letter.

I appreciate your kind consideration of this request to waive the additional \$600.00 reinstatement fee.

Enclosed is the completed Corporation Reinstatement form, together with my check for ~~\$300.00~~.

Sincerely yours,



Lori B. Wagner, President  
Lori B. Wagner, D.O., PA  
d/b/a Synergy Center for Health  
Florida Corporation # 997000080663

*\$308.75  
\$8.75 for certificate of  
status additional  
fee)*