

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 15 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P 98000020317

1. Corporation Name
ALFRED R. FRANKEL, M.D., P.A.

2. Principal Office Address

1014 BOCA CIEGA ISLE DR
Suite, Apt. #, etc.

City & State

ST. PETE BEACH, FLORIDA

Zip
33706

Country
U.S.A

3. Mailing Office Address

60 STAPLETON, SMITH &
Suite, Apt. #, etc.
JOHNSON, P.A.
6600 34TH AVE. N.

City & State

ST. PETERSBURG, FL

Zip
33710-1515

Country
U.S.A

REINSTATEMENT 2000-2002

4. Date Incorporated or Qualified
To Do Business in Florida

3/02/1998

5. FEI Number

59-3501510

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

FRANKEL, ALFRED, P.

200005665952--5

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

1014 BOCA CIEGA ISLE DRIVE

-06703702--01087--025

Suite, Apt. #, Etc.

***1050.00 ***1050.00

City

ST. PETE BEACH

State

FL

Zip Code

33706

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

Alfred R. Frankel
REGISTERED AGENT MUST SIGN

Date MAY 10, 02

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
P/S/O	FRANKEL, ALFRED - R., M.D.	1014 BOCA CIEGA ISLE DR.	ST. PETE BEACH, FL 33706

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:

Alfred R. Frankel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10, 02

727
367-2647
Daytime Phone #

CR2E081 (9/01)