

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG -2 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000063101

1. Corporation Name

James Patrick Fitzgerald, O.D., P.A.

4596 Cresthaven Blvd.

4596 Cresthaven Blvd.

REINSTATEMENT 00-04

2. Principal Office Address

4596 Cresthaven Blvd.

3. Mailing Office Address

4596 Cresthaven Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33415

Country

US

Zip

33415

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida. 7/1/1998

5. FEI Number

65-0844073

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

J. Patrick Fitzgerald

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

1900 Lindsey Ct.

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

REGISTERED AGENT MUST SIGN

Date

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	J. Patrick Fitzgerald	1900 Lindsey Ct.	Wellington, FL 33414
V/S	Bethany Fitzgerald	1900 Lindsey Ct.	Wellington, FL 33414

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:

J. Patrick Fitzgerald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/20/04

Daytime Phone #

561
433-8448

CR2E081 (01/04)

JAMES PATRICK FITZGERALD, O.D., P.A.

4596 Cresthaven Blvd.
West Palm Beach, FL 33415
561-433-8448

July 16, 2004

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

Dear Sir/Madam,

I just found out that my Corporation has been inactive since 2000. Therefore, I am enclosing a Corporate Reinstatement form with payment of \$758.75 to cover the 2000-2004 Annual Fees and for a Certificate of Status. I did not receive prior notice that I owed any money or that the Corporation had become inactive. My address changed in 1999 and your notices must not have been forwarded to my new address.

I respectfully request that you wave the reinstatement fee. The failure to file was completely unintentional.

Sincerely,



J. Patrick Fitzgerald
President