PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

COLUMENT # P 990000 32 196 Corporation Name  STACEY SANDERS, D. P. M., P. A.  Principal Office Address Principal Office A	CORPO	PATION A	Fig. 1	LONDADER	AR MENT OF STAT		TONE TARY OF STATE
TACEY SANDERS, D. P.M., P. A.  SUBJECT OF THE STATE OF TH		(2)		~ ~ ~		02	ÀUG 23 PM 4: 01
Triclopal Office Address  3. Mailing Office Address  Safe April 8.	rporation N	ame	, , -		_		
The Principal Office Address   -03/10/02 -01045 -03/10/02 -01045 -03/10/02 -01045   -03/10/02 -03/10/02 -01045   -03/10/02 -03/1	TAC	ey San	NOE	es, D.	P.M., P. A.	3	000076346334
A. Date Incomposited or Qualified A. State A. Date Incorporated or Qualified To Do Business in Florida A. State A. Date Incorporated or Qualified To Do Business in Florida A. State A. Date Incorporated or Qualified To Do Business in Florida A. Date Incorporated or Qualified To Do Business in Florida Applied F.  Appli	rincipal Offi	ce Address		۱			-09/10/0201045021
4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number  7. Name and Address of Country  8. CERTIFICATE OF STATUS DESIRED			ENS DR		Ε		*****TJU.UU *****TJU.UU
Applied Fit   Minimal   BEACH FC   City & State   Stat	Apl. #, etc			Suite, Apt. #, etc.		4. Date Incorpo	orsted or Qualified
Name and Address of Current Registered Agent   Not Apple	& State			City & State	<del></del>		A
T. Name and Address of Current Registered Agent    Name   STACEY   SANDERS	DETH MIAMI BEACH FL						917334 Not Applicable
Name STACEY SANDERS Street Address of Current Registered Agent Name STACEY SANDERS Street Address (P.O. Box Number is Not Acconcibile) 1770 NR MIAMI (SARDENS DR  Suite, Apt. 8, Etc.  City NORTH M. Ami' BEACH, FL L being appointed for pressure and of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. preture of REGISTERED AGENT MUST SIGN  Name of Officer and/or Director Officer and/or Director Officer and/or Director  Officer and/or Director  Titles Officer and/or Director Officer and/or Director  NAME OF OFFICER  AND DE-RS  1010 NE MIAMI GRADISUS DE MORTH MARTIN BEACH  NAME OF OFFICER OF			_	Zip	Country	6. CERTIFICATE	OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Street Address (P.O. Box Number is Not Accentable)    T7D NE MIAMIT   GARDENS D.R.   Suite, Apt. 8, Etc.   City No PTH M. 4m' BEACH			· · · · · · · · · · · · · · · · · · ·	7. Nam	ne and Address of Current	Registered Agent	
REGISTERED AGENT MUST SIGN  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 Directors  Officer and/or Director  Officer and/or Director  D - STACEY - SANDERS - 1990 NE MAMI GARDSUS DE WORTH MAMI BEACH  Officer and/or Director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further carify that this reinstatement/application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S. The information oved by the corporation have been enait and the names of hadvidusts listed on this form do not pail for on exemption under section 119.07(3)(f), F.S. The information		Street Address (P.O. Boo /77 <i>C</i> Suite, Apt. #, Etc.	(Number is N	lot Accentable) MIA-1771 (3)	ARDENS DR		l === a l '' ·
Name of Officers and/or Directors Officer and/or Director Developer of	nature of gistered Ag	err O		REGISTERED AGE	NT MUST SIGN		
Officers and/or Directors  Officers and/or Directors  Officer and/or Director  Officer and/or Di		, , , , , , , , , , , , , , , , , , ,	lame of	<u> </u>	Street Addr	ess of Each	City / State / Zip
this reinstatement application, the reason for diasolution has been eliminated, the corporate name satisfies the requirements of section 441-047(3)(i), F.S. The information 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	D -	STACEY - S	ind/or Directo	E-RS:-	(170 NE MIH	MI GARDSNS D	WORTH MAMIBEACH F
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 601.04(3)(i), F.S. The information owed by the conducation 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					,		
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 441-047(3)(i), F.S. The information 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			:				
this reinstatemeny application, the reason for diasolution has been eliminated, the corporate name satisfies the requirements of section 601-041 (3)(i), F.S. The information 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			<del></del>	<del> </del>			
2 - 0.10 ma	this rei	nstatemeny application, f by the corporation have I	ihe reason to seen paid and	r dissolution has bee I the names of Indivi	n eliminated, the corporate r duals listed on this form do n	ame satisties the requirem of qualify for an exemption	

8/27/02

2

## STACEY SANDERS, D.P.M., P.A. 1770 NE Miami Gardens Drive North Miami Beach, FL 33179 Telephone: (305)948-8900 FAX: (305) 948-8911

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

Re: Stacey Sanders, D.P.M., P.A.

UBR Reports - 2000, 2001, 2002

## Gentlemen:

Regarding the above corporation, I am enclosing the following:

- Corporation Reinstatement Form
- Check in the amount of \$450.00

This was a new business, formed in 1999. As a first time business owner I was unaware that annual reports (UBR) had to be filed each year in order for the corporation to maintain active status. In addition, they must have been sent to the old address and not forwarded to the new one. In view of these circumstances, I would appreciate it if you would please accept my check in the amount of \$450.00 for the Annual Reports and Corporation Supplemental Fees for the years 2000, 2001, 2002.

Very truly yours,

August 9, 2002

n:\staceysandersubr