

1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 23 PM 4:01

DOCUMENT # P 99000032196

1. Corporation Name

STACEY SANDERS, D.P.M., P.A.

300007634633--4

-09/10/02--01045--021

****450.00 ****450.00

2. Principal Office Address

1770 NE MIAMI GARDENS DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH FL

City & State

Zip

33179

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0917334

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

STACEY SANDERS

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

1770 NE MIAMI GARDENS DR

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH, FL

State

FL

Zip Code

33179

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

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 - | STACEY SANDERS | 1770 NE MIAMI GARDENS DR | NORTH MIAMI BEACH FL 33179 |
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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

Date

305-948-8900

Daytime Phone #

8/27/02

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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,



STACEY SANDERS

August 9, 2002

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