

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000035961

1. Corporation Name

KENNETH F. HAAS, M.D., P.A.

Principal Place of Business

1930 HIGHWAY 441 NORTH
OKEECHOBEE FL 34972

Mailing Address

1930 HIGHWAY 441 NORTH
OKEECHOBEE FL 34972

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

City & State

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	HAAS, KENNETH F	1930 HIGHWAY 441 NORTH	OKEECHOBEE FL 34972
			700004696067--3
			-11/28/01--01012--001
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

HAAS, KENENTH F
1930 HIGHWAY 441 NORTH
OKEECHOBEE FL 34972

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Katherine Harris
REGISTERED AGENT MUST SIGN

Date 10/26/01

CR2E040 (8/01)

11. 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:

Kenneth F. Haas
SIGNATURE RECORDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/01 863 357-2441
Daytime Phone #