


191082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 99000040300			
1. Corporation Name Dwight J. Straub, P.A. W07-5135			
2. Principal Office Address 4433 Beechwood Lake Dr Suite, Apt. #, etc.		3. Mailing Office Address 4433 Beechwood Lake Dr Suite, Apt. #, etc.	
City & State Naples FL		City & State Naples FL	
Zip 34112	Country USA	Zip 34112	Country USA

FILED

07 MAR -7 PM 1:53

RECEIVED
TALLAHASSEE, FLORIDA
000092217550
03/12/07--01006--011 **750.00

REINSTATEMENT 03-07

This space for office use
CR2E081 (12/05) only.

4. Date Incorporated or Qualified To Do Business in Florida 4-29-99	
5. FEI Number 59-3573439	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Dwight J. Straub	
Street Address (P.O. Box Number is Not Acceptable) 4433 Beechwood Lake Dr	
Suite, Apt. #, Etc.	
City Naples	State FL
Zip Code 34112	

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 Dwight J. Straub	Date 12-28-06
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
P	Dwight J. Straub, P.A.	4433 Beechwood Lake Dr	Naples FL 34112


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 contained in Chapter 119, 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: Dwight J. Straub, P.A.	Date 12-28-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 239-262-0162	

As per telephone conversation with
Dwight J. Straub on 3/8/07

R 3/8

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		PLEASE ACCEPT OUR CIRCLE FOR \$600⁰⁰ AND REINSTATE THE CORPORATION. WE NEVER RECEIVED ANY PRIOR NOTICES AND HAVE CHANGED LOCATIONS. Thank you.	
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