

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PH 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061878

1. Corporation Name

CYPRESS PODIATRY ASSOCIATES, P.A.

Principal Place of Business Mailing Address

575 AVENUE K. S.E.
WINTER HAVEN FL 33880

575 AVENUE K. S.E.
WINTER HAVEN FL 33880

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/01/1999
City & State	City & State	5. FEI Number
Zip	Country	Applied For 59-3590327 Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

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	REED, RALPH W D.P.M.	575 AVENUE K, S.E.	WINTER HAVEN FL 33880
D	KOON, JAMES EARL D.P.M.	575 AVENUE K, S.E.	WINTER HAVEN FL 33880

300023767853
10/13/03--01101--011 **150.00

8. Name and Address of Current Registered Agent

REED, RALPH W-D.P.M.
575 AVENUE K, S.E.
WINTER HAVEN FL 33880

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-8-03

CR2040 (7/03)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/3 863 243 1950
Date Daytime Phone #

CYPRESS PODIATRY ASSOCIATES, P.A.

Podiatric Medicine - Foot Surgery

JAMES E. KOON, D.P.M.

RALPH W. REED, D.P.M.

Board Certified, American Board of Podiatric Surgery
Fellow, American College of Foot Surgeons

October 8, 2003

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

RE: Reinstatement application.

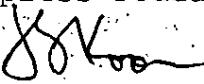
To Whom It May Concern:

Please allow this letter to serve as notification that our Corporation never received our reinstatement application for this year. Further, we did not receive any second notification informing our Corporation that it would be dissolved on or after September 10. Please know that we have always been extremely conscientious about continuing in good standing with all of our requirements, not the least of which would include this application. We have reviewed all of our documentation including checkbooks and tax forms and have concluded that we never received our reinstatement application for this year.

It is hoped that you would receive this in favor and that we may be processed in a most timely fashion in this matter of reinstatement. If there is any need for expansion on this or any other question, please contact the President of this Corporation, Dr. Ralph Reed or the Vice President, Dr. James Koon at any time of your convenience. I remain very truly yours and thank you for your attention to this request.

Sincerely,

Cypress Podiatry Associates P.A.


JEK/kwc