

Mar 28 06 01:02p


813-223-7104

p.2

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APPROVE  
AND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		06 MAR 30 PM 12:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # <u>503704</u>																																			
1. Corporation Name  DONALD F. TEMPLE MD. P.A.																																			
2. Principal Office Address 508 W. Martin Luther King Blvd., Suite, Apt. #, etc. A City & State TAMPA, FLORIDA Zip 33603				3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country U.S.A																															
				4. Date Incorporated or Qualified To Do Business in Florida 1992																															
				5. FEI Number 59-3035766		<input type="checkbox"/> 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 DONALD F. TEMPLE M.D. P.A.																																			
Street Address (P.O. Box Number is Not Acceptable) 508 West Martin Luther King Blvd.,																																			
Suite, Apt. #, Etc. #A																																			
City TAMPA						State FL Zip Code 33603																													
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: <u>DONALD F. TEMPLE MD.</u> Date <u>3-28-06</u>																																			
REGISTERED AGENT MUST SIGN																																			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																			
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P</td><td>DONALD F. TEMPLE M.D.</td><td>508 W. Martin Luthe King#A</td><td>Tampa, Florida 33603</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>								Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	DONALD F. TEMPLE M.D.	508 W. Martin Luthe King#A	Tampa, Florida 33603																				
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500069976835 04/10/06--01089--012 **450.00																																			
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: <u>DONALD F. TEMPLE M.D.</u> 3-28-06 813 229-1924																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																			

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*Donald F. Temple, M.D., F.A.C.S.*

DIPLOMATE OF AMERICAN BOARD OF SURGERY

March 28th, 2006

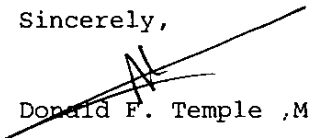
Division of Corporations  
Department of State  
P.O.Box 6327  
Tallahassee, Florida 32314

Dear Sir/Madam:

We did not receive notice for 2004, please waive late fees and enclosed please find check for \$450.00. I spoke to one of your representative.

Thanking you for your promptness.

Sincerely,

  
Donald F. Temple, M.D.

DFT/lmb