

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary
DIVISION OF CORPORATIONS

~~APPLICATION FOR REINSTATEMENT~~

FILED

01 NOV -5 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V43972

1. Corporation Name

DAVID R. HIRSCHAUER, D.O., P.A.

Principal Place of Business

Mailing Address

4813 CHEVAL BLVD
LUTZ FL 33549
US

4813 CHEVAL BLVD
LUTZ FL 33549
US



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

06/16/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3136871

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HIRSCHAUER, DAVID R	4813 CHEVAL BLVD	LUTZ FL

900004698139--6
-11/29/01--01045--009
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HIRSCHAUER, DAVID R.
4813 CHEVAL BLVD.
LUTZ FL 33549

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

DAVID R. HIRSCHAUER
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/30/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID R. HIRSCHAUER
SIGNATURE REQUIRED

Date

10/31/01

Daytime Phone #

813-944-1961

CR2E040 (8/01)

292

Dear Sir:

The annual report was filed with the State of Florida earlier in Jan 2001. A check for 150⁰⁰ was issued.

To date the check has never been cashed. We are stopping payment on that check and reissuing check # 1252 for 150⁰⁰, along with reinstatement application

Thank you for your cooperation.

David R. Hirschauer D.O

813-949-1961