

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Linda P. Wexler, M.D., P.A.
15 Freshwater Drive
Palm Harbor FL 34684

2. Principal Office Address

1121 Overcash Drive

Suite, Apt. #, etc.

City & State

Dunedin, FL

Zip

34698

Country

USA

3. Mailing Office Address

1121 Overcash Drive

Suite, Apt. #, etc.

City & State

Dunedin, FL

Zip

34698

Country

USA

FILED
03 AUG 25 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 00-03

400022555334

08/25/03--01101--009 **1208.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/19/1992

5. FEI Number

59-3139907

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Linda P. Wexler

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

15 Freshwater Drive

Suite, Apt. #, Etc.

City

Palm Harbor

State
FL

Zip Code
34684

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**

Linda P. Wexler MD PA

Date

8/21/03

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/D/S	Linda P. Wexler	15 Freshwater Drive	Palm Harbor, FL 34684

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 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:

Linda P. Wexler MD PA LINDA P. WEXLER MD PA

08/21/03

Date

727-733-5700

Daytime Phone #

734-3700

Handwritten signature/initials