

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 FEB 28 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03/20/07--01012--009 \*\*300.00

CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** PO4000157651  
1. Corporation Name  
Fred Lecheler D.P.M.P.A.

|   |                    |   |                    |
|---|--------------------|---|--------------------|
| <b>2. Principal Office Address - No P.O. Box #</b><br>411 S. Orange St. |                    | <b>3. Mailing Office Address</b><br>411 S. Orange St. |                    |
| Suite, Apt. #, etc.   |                    | Suite, Apt. #, etc.                                   |                    |
| City & State<br>New Smyrna Beach, Fl                                    |                    | City & State<br>New Smyrna Beach, Fl                  |                    |
| Zip<br>32168  | Country<br>Volusia | Zip<br>32168  | Country<br>Volusia |

**4. Date Incorporated or Qualified To Do Business in Florida** 11/15/04

**5. FEI Number** 52-2447011  
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: Fred Lecheler  
Street Address (P.O. Box Number is Not Acceptable): 411 S. Orange St.  
Suite, Apt. #, Etc.:  
City: New Smyrna Beach State: FL Zip Code: 32168

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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: *Fred Lecheler* Date: 2/30/07  
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        |
|--------|-----------------------------------|--|---------------------------|
| D      | Fred Lecheler                     | 411 S. Orange St.                              | New Smyrna Beach Fl 32168 |
|        |                                   |  |                           |
|        |                                   |  |                           |
|        |                                   |  |                           |
|        |                                   |  |                           |

**REINSTATEMENT 06-07**

**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:** *Fred Lecheler* Fred Lecheler Dir. Date: 2/30/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3264279020