

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000106131**

1. Corporation Name **G & G Medical P.A.**

2. Principal Office Address
1170 North State

Road 7

City & State
Cauderhill FL

Zip Country
33313 USA

3. Mailing Office Address
17150 Collins ave

Suite, Apt. #, etc.

City & State
Sunny Isles beach FL

Zip Country
33160 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **11/2/2001**

5. FEI Number
02-0608457

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 **B. Paul Katz, Esquire**

Street Address (P.O. Box Number is Not Acceptable)
Attrium Ste, 1 Florida Park Dr. So.,

Suite, Apt. #, Etc.

City **Palm Coast, FL**

State
FL

Zip Code
32137

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 **[Signature]**

Date **3-25-03**

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
pres.	Gregory Elger, MD	19111 Collins ave #101	NMB FL 33160

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02/18/03--01017--014 **908.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date **1/8/03**

Date

(805) 9361046
(516) 9835934
Daytime Phone #

03 MAR 27 AM 11:23
DIVISION OF CORPORATIONS
FILED

CR2E081 (10/02)