

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 NOV 20 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000059559

1. Corporation Name

George Kazakian, P.A.

700112456217  
11/20/07--01017--026 \*\*450.00

**REINSTATEMENT** 05-07  
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

2702 Hayes st.

Suite, Apt. #, etc.

3. Mailing Office Address

2702 Hayes st.

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip

33020

Country

USA

Zip

33020

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/8/04

5. FEI Number

201040520

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

George Kazakian

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

2702 Hayes st

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

REGISTERED AGENT MUST SIGN

Date 11-16-07

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	George Kazakian	2702 Hayes st.	Hollywood, FL, 33020
	Ø MW/26		

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:

George Kazakian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-07

Date

954-270-5788

Daytime Phone #