

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

99 JUN -3 PM 3:36

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000052821

1. Corporation Name DR. GERALD P. KLAPPER P.A

Principal Place of Business 9692 PINES BLVD PEMBROKE PINES, FL 33028 Mailing Address 1278 NW 171 TERR. PEMBROKE PINES, FL 33028

Handwritten initials

REINSTATEMENT 96-99

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 1993 5. FEI Number 65-0420699 6. CERTIFICATE OF STATUS DESIRED [X] \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Entry: DR. GERALD KLAPPER PRES., 1278 NW 171 TERR, PEMBROKE PINES, FL 33028, Pembroke Pines, FL 33028

200002905882--1 -06/16/99--01003--010 ***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name DR. GERALD P. KLAPPER Street Address 1278 NW 171 TERR. Suite, Apt. #, Etc. City Pembroke Pines State FL Zip Code 33028

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 [Signature] REGISTERED AGENT MUST SIGN

Date 2/12/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No []

(See other side for information on intangible tax)

12. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/12/99

Daytime Phone #

CR2640 (1-98)