

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 597482

1. Corporation Name

JERRY E. ENIS, M.D., P.A.

Principal Place of Business

Mailing Address

300 ARTHUR GODFREY ROAD
SUITE 300
MIAMI BEACH FL 33140
US

RIVERSIDE STATION
P.O. BOX 351960
MIAMI FL 33135
US

If these addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 18 AM 9:56



REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida

12/01/1978

5. FEI Number

60-1864519

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	ENIS, JERRY E. M.D.	300 ARTHUR GODFREY ROAD, SUITE 3	MIAMI BEACH FL
		4701 Meridiana Ave	33140
		Suite 100	
		Adams Bldg.	
			000003024910--6
			-10/26/99--01028--001
			****750.00 ****750.00
			10/14/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ENIS, COLLEEN
300 ARTHUR GODFREY ROAD
SUITE 300
MIAMI BEACH FL 33140

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/14/99

11. 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

Date

Daytime Phone

10/14/99

AD

CR2E040 (8/99)