

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB 18 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600921

1. Corporation Name

Drs. Geronemus and Colin,
Professional Association

100005022281-8
-02/26/02-01088-012
*****900.00 *****900.00

2. Principal Office Address

2300 N.E. 9th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33304

Country

U.S.A.

3. Mailing Office Address

2300 N.E. 9th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33304

Country

U.S.A.

4. Date Incorporated or Qualified

To Do Business in Florida April 2, 1969

5. FEI Number

59-1234909

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

Richard J. Geronemus

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

2300 N.E. 9th Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33304

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

2/14/02

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
P, T S, V D	Richard J. Geronemus	2300 N.E. 9th Street	Ft. Lauderdale, FL 33304

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.

RICHARD J. GERONEMUS

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/02

(954) 566-1281

Daytime Phone #

CR2E081 (9/01)