


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 29 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** G33535  
1. Corporation Name  
George H. Kaplan, O.D., P.A.

<b>2. Principal Office Address</b> 1801 NW Hwy 19 Suite, Apt. #, etc. Sears Building City & State Crystal River, FL Zip 34428		<b>3. Mailing Office Address</b> 1801 NW Hwy 19 Suite, Apt. #, etc. Sears Building City & State Crystal River, FL Zip 34428	
Country USA		Country USA	

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04/29/03--01019--018 \*\*1050.00

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	04/15/83
<b>5. FEI Number</b>	592175213
Applied For	
Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01-03

**7. Name and Address of Current Registered Agent**

Name George H. Kaplan, O.D.	
Street Address (P.O. Box Number is Not Acceptable) 1801 NW Hwy 19	
Suite, Apt. #, Etc. Sears Building	
City Crystal River	State FL
	Zip Code 34428

**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.

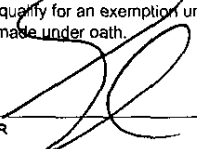
Signature of Registered Agent \_\_\_\_\_ Date 4/23/03

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
DP	George H. Kaplan	2901 S. Skyline Dr.	Inverness FL 34450

**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)(l), 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 H. Kaplan, President  Date 4/23/03 Daytime Phone # 352-795-2221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30

CR2E081 (10/02)