

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 29 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-03

DOCUMENT # G33535

1. Corporation Name

George H. Kaplan, O.D., P.A.

2. Principal Office Address

1801 NW Hwy 19

Suite, Apt. #, etc.

Sears Building

City & State

Crystal River, FL

Zip

34428

Country

USA

3. Mailing Office Address

1801 NW Hwy 19

Suite, Apt. #, etc.

Sears Building

City & State

Crystal River, FL

Zip

34428

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/15/83

5. FEI Number

592175213

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 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 sections 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/23/03

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)(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: George H. Kaplan, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/03 - 352-795-2221

Daytime Phone #

CR2E081 (10/02)

4/30