

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 30 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

G 43569

1. Corporation Name

Vein Clinic of Central Florida, P.A.

600005501066--8

-05/09/02--01058--017

*****600.00 *****600.00

2. Principal Office Address

480 N. Orlando Ave

3. Mailing Office Address

480 N. Orlando Ave

Suite, Apt. #, etc.

Ste. 118

Suite, Apt. #, etc.

Ste 118

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32789

Country

Zip

32789

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1983

5. FEI Number

59 2294968

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

Barry J. Kaplan, D.O.

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

2975 Waumpi Tr.

Suite, Apt. #, Etc.

City

Maitland

State
FL

Zip Code

32751

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

BJ Kaplan

REGISTERED AGENT MUST SIGN

Date

3/17/02

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
PTAS	Barry J. Kaplan, D.O.	2975 Waumpi Tr.	Maitland FL 32751

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:

BJ Kaplan

Barry J. Kaplan, D.O.

3/17/02

407 647-4411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

3/17/02

To Whom It May Concern:

I recently became aware that my corporate registration had expired. When I found out that my address on record was P.O. box 2951 I knew why. That is my ex-wife's box and we have had a less than amicable divorce. She also received my IRS refund check which she forged my signature and cashed.

I would greatly appreciate it if I could be given grace on reinstatement.

Thank you,

BJ Ksp 