

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 MAR 26 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G67155**

1. Corporation Name

**JEFFREY MARC EISNER, D.M.D., P.A.**

Principal Place of Business  
% JEFFREY MARC EISNER, D.M.D.  
11020 N. KENDALL DR. STE 106  
MIAMI FL 33176

Mailing Address  
% JEFFREY MARC EISNER, D.M.D.  
11020 N. KENDALL DR. STE 106  
MIAMI FL 33176



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/28/1983	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2336103	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	EISNER, JEFFERY MARC	11020 KENDALL DR #106	MIAMI, FL 00000 100002475491--2 -04/01/98--01073--009 ****150.00 ****150.00

REINSTATEMENT 97-98

*J. Alan*  
3/26/98

100002475491--2  
-04/01/98--01073--010  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

EISNER, JEFFREY MARC, D.M.D.  
11020 N. KENDALL DR. 106  
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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 *[Signature]*  
REGISTERED AGENT MUST SIGN

Date *Jan 21 '98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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

*Jan 21 '98*  
Date Daytime Phone #

CS2E140 (8/97)