

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # **K49771**

1. Corporation Name

**MARK S. GOZ M.D. P.A.**

99 APR 12 AM 9:30

STATE  
 WILLIAMSBURG, FLORIDA

Principal Place of Business

1150 HILLSBORO MILE  
 HILLSBORO BEACH FL 33062

Mailing Address

1150 HILLSBORO MILE  
 HILLSBORO BEACH FL 33062



**REINSTATEMENT**

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

2. New Principal Office Address, If Applicable  
**2951 NW 49TH AVE**

Suite, Apt. #, etc. **SUITE 201**

City & State **LAUDERDALE LAKES FL.**

Zip **33313** Country **USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

12/07/1988

5. FEI Number

65-0105748

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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
DP	GOZ, MARK S.	1150 HILLSBORO MILE	HILLSBORO BEACH FL 33062

700000284227-5  
 -04/16/99-01076-019  
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8. Name and Address of Current Registered Agent

GOZ, MARK S.  
 1150 HILLSBORO MILE  
 HILLSBORO BEACH FL 33062

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State **FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0509, F.S.

Signature of Registered Agent *Mark S. Goz M.D.*  
 REGISTERED AGENT MUST SIGN

Date *4/28/99*

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: *Mark S. Goz M.D.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/28/99*