

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION FOR REINSTATEMENT



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

AND FILED

96 OCT -2 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02879

1. Corporation Name

GERALD A. MAYER, O.D., P.A.

Principal Place of Business

Mailing Address

5556 WEST OAKLAND PARK BOULEVARD
LAUDERHILL FL 33313

5556 WEST OAKLAND PARK BOULEVARD
LAUDERHILL FL 33313



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

07/17/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0151461

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	MAYER, GERALD A	5556 W OAKLAND PARK BLVD	LAUDERHILL FL
D	MAYER, GERALD A	5556 W OAKLAND PARK BLVD	LAUDERHILL FL
			400001976734--B -10/16/96--01047--017 ****200.00 ****200.00

8/10/95

8. Name and Address of Current Registered Agent

MAYER, GERALD A
5556 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33313

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 607.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 9-24-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-96 (954) 733-9500

Date

Daytime Phone #

CR2E040 (7/96)

DR. ALAN GROSSMAN, P.A.
DR. GERALD A. MAYER, P.A.
Board Certified Optometric Physicians

Sept. 24, 1996

To Whom it May Concern:

RE: Document # L02879

corp. Name: Gerald A. Mayer, OD, PA
Reinstatement Application + Fee

As per phone conversation with Florida
Dept. of State:

I, ~~Gerald~~ A. Mayer, O.D., PA

hereby swear that I have never
received the FIRST (Jan, 96) or SECOND
(May, 1996) notice regarding a corporations
annual report. (here by enclosed), accordingly
enclosed find check #1174
in the amount of \$200.00

Gerald A. Mayer, OD, PA
Gerald A. Mayer, OD, PA

Donna Celeste
Witness

(Donna Celeste)

STATE OF FLORIDA
COUNTY OF BROWARD
Sworn before me this 24th day of
September, 1996 by GERALD A. MAYER,
personally known to me.

