

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG -7 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L41231

1. Corporation Name

JEFFREY S. GERSON MD, PA

2. Principal Office Address

2701 S BAYSHORE DR

Suite, Apt. #, etc.

305

City & State

COCONUT GROVE, FL

Zip

33133

Country

USA

3. Mailing Office Address

2701 S Bayshore DR

Suite, Apt. #, etc.

305

City & State

COCONUT GROVE, FL

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1990

5. FEI Number

65-0171763

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

9202

7. Name and Address of Current Registered Agent

Name

JEFFREY S GERSON

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

2701 S Bayshore DR

Suite, Apt. #, Etc.

305

City

COCONUT GROVE,

State

FL

Zip Code

33133

500007077995--9

-08/13/02--01054--010

***2250.00 ***2250.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

08/02/02

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
P.V.S.	JEFFREY S. GERSON	2701 S. Bayshore Dr #305	COCONUT GROVE, FL 33133

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY S. GERSON

Date

8/01/02

Daytime Phone #

305 859 2256

CR2E081 (8/01)