

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED

11 FEB 25 AM 11:27

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT #M38621

1. Corporation Name

Jubran A Hoche MD PA

2. Principal Office Address - No P.O. Box #

3800 Johnson Street

Suite, Apt. #, etc.

Suite E

City & State

Hollywood, FL

Zip

33021

Country

USA

3. Mailing Office Address

3800 Johnson Street

Suite, Apt. #, etc.

Suite E

City & State

Hollywood, FL

Zip

33021

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/18/1986

5. FEI Number

59-2715358

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

300196093669  
02/25/11--01050--010 \*\*900.00

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Jubran a Hoche

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

3800 Johnson Street

Suite, Apt. #, Etc.

Suite E

City

Hollywood

State

FL

Zip Code

33021

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

Date 01/31/11

REGISTERED AGENT MUST SIGN

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
PD	Jubran A Hoche	3800 Johnson Street, Suite E	Hollywood, FL 33021

B 3/1/11

REINSTATEMENT 10-11

10. E-mail Address: Jhoche @ gate .net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/2011 9549644666

Date

Daytime Phone #