


1500 = 2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 18 PM 2:36
01051 017 4502
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116569

1. Corporation Name
OSCAR H. JERKINS, M.D., P.A.

2. Principal Office Address 9 Orange Ave Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.	
City & State Rockledge, FL		City & State	
Zip 32955	Country U.S.	Zip	Country

01/05/04 01051 01051 017
100025998261
05/07/04--01073--013 **150.00 7800

4. Date Incorporated or Qualified To Do Business in Florida 1/1/2001

5. FEI Number 59-3685783 **Applied For** Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Susan Jerkins

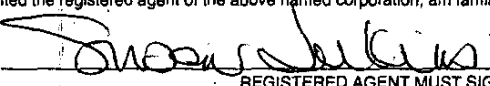
Street Address (P.O. Box Number is Not Acceptable) 9 Orange Ave

Suite, Apt. #, Etc.

City Rockledge, FL **3** **State** FL **Zip Code** 32955

REINSTATEMENT 03-04
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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  **REGISTERED AGENT MUST SIGN** **Date** 4/22/04

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
President	OSCAR H. JERKINS, MD	9 Orange Ave	Rockledge, FL 32955

100025998261

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** **Date** April 22/2004 **Daytime Phone #**

CR2001 (01/04)