

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 0200005213

1. Corporation Name

PAUL BERSACH, P.A.

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

10973 BOSTON DR.

Suite, Apt. #, etc.

City & State

COOPER CITY FL

Zip

33026

Country

U.S.

3. Mailing Office Address

10973 BOSTON DR.

Suite, Apt. #, etc.

City & State

COOPER CITY FL

Zip

33026

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

1-10-02

5. FEI Number

010582790

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

PAUL BERSACH

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

10973 BOSTON DRIVE

Suite, Apt. #, Etc.

City

COOPER CITY

State

FL

Zip Code

33026

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Paul Bersach

Date

9/26/07

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
<u>PHYS</u>	<u>PAUL BERSACH</u>	<u>10973 BOSTON DR.</u>	<u>COOPER CITY FL 33026</u>
	<u>010/11</u>		

00110504531
10/10/07--01051--005 **300.00

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 contained in Chapter 119, 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:

Paul Bersach

Date

9/26/07

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954.701.5823

FILED

07 OCT 10 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07
CR2E081 (1/07)