

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 10f3

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN 26 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000 25368

1. Corporation Name

FRANCISCO, JEANOT, M.D., P.A.

2. Principal Office Address

8110 Royal Palm Blvd

Suite, Apt. #, etc.

109

City & State

60102 Springs FL

Zip

33065

Country

US

3. Mailing Office Address

8110 Royal Palm Blvd.

Suite, Apt. #, etc.

109

City & State

60102 Springs FL

Zip

33065

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/7/02

5. FEI Number

04-3655514

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VH Financial Services

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

175 Fontainebleau Blvd.

Suite, Apt. #, Etc.

12B

City

Miami FL

State

FL

Zip Code

33172

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

See Attached

Date

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
MD	FRANCISCO A. JEANOT	8110 Royal Palm Blvd. Suite 109	60102 Springs FL 33065

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/2/06

Daytime Phone #

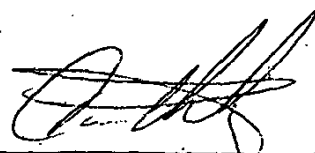
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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FRANCISCO JENNOT, MD., PA
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



REGISTERED AGENT



Francisco A. Jeannot, M.D., P.A.

*Diplomate American Board of Physical Medicine & Rehabilitation
Pain Management • Electromyography*

30F3

June 22, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am in the process of reinstating my corporation. I relocated to Ft. Lauderdale in May of 2003 and therefore opened my medical practice in Coral Springs, FL, on July 1, 2003. Apparently my previous accountant did not submit the change of address to your office. Therefore I never received the annual report notices since I moved to South Florida. They were most probably sent to the Palm Harbor address, which is the last one on file. For that reason, I am using this opportunity to request that the reinstatement fee be waived.

I am also mailing the reinstatement application as well as the Annual Report and Corporate Supplemental fees.

Thank you and feel free to call me if you have any questions.

Sincerely,

Francisco A. Jeannot, M.D.