

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 12 AM 11:08

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000132888**

1. Corporation Name

JACOB DRESZER MD, PA,
1513 ADAMS STREET
HOLLYWOOD FLORIDA 33020

2. Principal Office Address

1513 ADAMS STREET

Suite, Apt. #, etc.

3. Mailing Office Address

SAM6

Suite, Apt. #, etc.

City & State

HOLLYWOOD

City & State

Zip

FL

Country

USA

Zip

Country

REINSTATEMENT 04-06
CR2E081 (12/05)

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

12/19/02

5. FEI Number

74-3075631

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

JACOB DRESZER

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

1513 ADAMS STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

800065073643
02/02/06 01017 013 *** 050.00

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]

Date **1.5.06**

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
P	JACOB DRESZER	1513 ADAMS ST. HOLLYWOOD FL 33020	HOLLYWOOD FL 33020
VP	DOLLY DRESZER	SAM6	SAM6
S	BENJAMIN DRESZER	SAM6	SAM6

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.5.06. 954.925.8971

Date

Daytime Phone #