

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000059559

1. Corporation Name

George Kazakian, P.A.

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

2702 Hayes St.

Suite, Apt. #, etc.

3. Mailing Office Address

2702 Hayes St.

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33020

Country

USA

City & State

Hollywood, Florida

Zip

33020

Country

USA

7. Name and Address of Current Registered Agent

Name

George Kazakian

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

2702 Hayes St.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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 11-16-07

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	George Kazakian	2702 Hayes St.	Hollywood, FL, 33020
	JW/26		

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:

George Kazakian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-07

Date

954-270-5788

Daytime Phone #

FILED

07 NOV 20 PM 1:59

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

700112456217
11/20/07--01017--026 **450.00

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

4/8/04

5. FEI Number

201040520

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.