

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Mark Geissler, P.A.

2. Principal Office Address - No P.O. Box #
859 Jeffrey Street

3. Mailing Office Address
859 Jeffrey Street

Suite, Apt. #, etc.
806

Suite, Apt. #, etc.
806

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33487

Country
USA

Zip
33487

Country
USA

7. Name and Address of Current Registered Agent

Name
Greenberg & Strelitz, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2500 N. Military Trail

Suite, Apt. #, Etc.
Suite 235

City
Boca Raton

State
FL

Zip Code
33431

4. Date Incorporated or Qualified
To Do Business in Florida 4/16/2004

5. FEI Number

542137708

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.

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] Vice Pres. Greenberg & Strelitz, P.A. Date 1/3/08
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
PSD	Mark Geissler	859 Jeffrey Street	Boca Raton, FL 33487

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

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 11 AM 10:52

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REINSTATEMENT DS-07

12/16/08

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