

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 23 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000129610

1. Corporation Name

Stanley A. Cohen, D.O., P.A.

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

4235 Marsh Landing Blvd.

Suite, Apt. #, etc.

#832

City & State

Jacksonville Beach, FL

Zip
32250

Country
USA

3. Mailing Office Address

4235 Marsh Landing Blvd.

Suite, Apt. #, etc.

#832

City & State

Jacksonville Beach, FL

Zip
32250

Country
USA

REINSTATEMENT 05-07
CR2E081 (1/07)

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

9/13/04

5. FEI Number
51-0532126

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

Keith H. Johnson

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

8810 Goodbys Executive Drive

Suite, Apt. #, Etc.

A

City
Jacksonville

State
FL

Zip Code
32217

☐ 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

Date July 4, 2007

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/S/T/D	Stanley A. Cohen	4235 Marsh Landing Blvd.#832	Jacksonville Beach, FL32250
VP	Keith H. Johnson	8810 Goodbys Exec. Dr. #A	Jacksonville, FL 32217

200109204682
09/07/07--01032--010 **550.00
200109204682
09/07/07--01032--011 **500.00

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:

Vice-President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 4, 2007 (905)

Date

Daytime Phone #

737-5930