

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA400003477**

1. Corporation Name **JEFFREY B. SACK, MD, PA**

Principal Place of Business
**5741 Bee Ridge Road
Suite #320
Sarasota, FL 34233**

Mailing Address
**P.O. Box 15157
Sarasota, FL 34277**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
~~N/A 5741 BEE RIDGE RD~~
Suite, Apt. #, etc.
SUITE 320
City & State
SARASOTA, FL
Zip
34233 Country

3. New Mailing Office Address, If Applicable
~~N/A~~
Suite, Apt. #, etc.
PO BOX 15157
City & State
SARASOTA FL
Zip
34277 Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **5/4/94**
5. FEI Number **65-0487594**
6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Add bond. Fee required for a Certificate of Status.
Applied For
Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	JEFFREY B. SACK	8068 SANDERLING RD	SARASOTA, FL 34242
			600002976346--7 -09/01/99--01072--005 ***1200.00 ***1200.00
			600002976346--7 -09/01/99--01072--006 *****8.75 *****8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JEFFREY SACK 8068 SANDERLING RD SARASOTA, FL 34242	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.
Signature of Registered Agent **[Signature]** Date **8/15/99**
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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]** **Jeffrey B. Sack** **8/18/99** **941-379-2775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)