

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 30 PM 3:08

DOCUMENT # P95000020380

1. Corporation Name

Jeffrey L. Presser, M.D., P.A.

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

13205 US HWY ONE

3. Mailing Office Address

13205 US HWY ONE

Suite, Apt. #, etc.

STE 105

Suite, Apt. #, etc.

STE 105

City & State

JUNO BEACH

City & State

JUNO BEACH

Zip

33408

Country

PALM BEACH

Zip

33408

Country

PALM BEACH

CR2E081 (12/08)

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

03/13/1995

5. FEI Number
65-0563102

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

Jeffrey L. Presser

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

13205 US HWY ONE

Suite, Apt. #, Etc.

STE 105

City

JUNO BEACH

State

FL

Zip Code

33408

☒ 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 10/22/2009

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	Jeffrey L. Presser	13205 US HWY ONE STE 105	JUNO BEACH, FL 33408

REINSTATEMENT 06-09
B 10/30/09

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:

JEFFREY L. PRESSER, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2009 (561) 691-0100
Date Daytime Phone #