

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -9 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000041034

1. Corporation Name

BROWARD PLASTIC SURGICAL  
ASSOCIATES, P.A.

**REINSTATEMENT** 03-04

2. Principal Office Address

3449 Johnson St.

3. Mailing Office Address

3449 Johnson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33021

Country

USA

Zip

33021

Country

USA

200028411852

02/09/04--01049--005 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5/22/1995

5. FEI Number

05-0569324

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

FRANK BRADY PA

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

Suite, Apt. #, Etc.

370 W. CAMINO GARDENS BLVD

City

Boca Raton

State  
FL

Zip Code

33432

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

2/4/2004

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 CRAIG UECKER	3449 JOHNSON ST	Hollywood FL 33021
VP	CHANCE KAPLAN	1754 E Commercial Blvd	Fort Lauderdale FL 33321
S	STEVEN EISENSTADT	220 SW 84 Avenue	Fort Lauderdale FL 33324
T	FRANK LOMASTRO	1625 SE 3rd Avenue	Fort Lauderdale FL 33316

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY CRAIG UECKER 2/4/04 (954) 964-4113

Date

Daytime Phone #

CR2004 (01/04)