

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000029808

1. Corporation Name

DR. JAY KATZ, M.D., P.A.

Principal Place of Business

Mailing Address

950 GLADES RD  
STE 1E  
BOCA RATON FL 33486  
US

950 GLADES RD  
STE 1E  
BOCA RATON FL 33486  
US

33431

33431

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



REINSTATEMENT

03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/05/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0672156

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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	4 City / State / Zip
D	KATZ, JAY	950 GLADES RD STE 1E	BOCA RATON FL 33486

300024056753  
10/23/03--01086--001 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROOT, JONATHAN S  
301 YAMATO RD., STE. 3101  
BOCA RATON FL 33431

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 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

JAY W. KATZ

10/14/03 5613956885

CR20040 (7/03)

*Jay W. Katz, MD, PA*

950 Glades Rd. Suite 1-E  
Boca Raton, FL 33431  
561-395-6885 phone  
561-347-7507 Fax

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Florida Department of State  
Po box 6327  
Tallahassee, Fl 32314-6327

October 14, 2003

Dear Florida Dept. Of State,

*Please note that I sent out the \$150.00 back in February 2003. I called the Bank of America and they state that the check did not clear. It must have been lost. I spoke to your office today, and they said a reminder went out in July 2003, again, I did not receive it. On my application, you have the wrong zip code of 33486, it should be 33431.*

*Please accept my apology, and accept my check for \$150.00 and waive the reinstatement fee.*

*Thank you for your time and consideration.*

Sincerely,

*JW Katz MD PA*  
Jay W. Katz, MD/PA