

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL 29 AM 8:04

DOCUMENT # P96000074754

1. Corporation Name

Janis J. Jeffers, D.M.D., P.A.

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

81990 Overseas Hwy

Suite, Apt. #, etc.

Suite #103

City & State

Islamorada, FL

Zip

33036

Country

U.S.A.

3. Mailing Office Address

81990 Overseas Hwy

Suite, Apt. #, etc.

Suite #103

City & State

Islamorada, FL

Zip

33036

Country

U.S.A.

REINSTATEMENT 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

09/05/1996

5. FEI Number

650700946

☐ 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

Franklin D. Greenman, Esq

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

5800 Overseas Hwy

Suite, Apt. #, Etc.

Suite 40

City

Marathon

State

FL

Zip Code

33050

500183800015  
07/29/10--01031--006 \*\*1050.00

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 7/15/10

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	Janis Jeffers	81990 Overseas Hwy, Suite 103	Islamorada, FL 33036

10. E-mail Address:

janis.jeffers@msn.com  
(To be used for future annual report notification)

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, I further certify, 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:

Janis J. Jeffers, DMD PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-10 (305) 664 4282

Date

Daytime Phone #