

To:
Subject: 000650.95474

From: Ricky Soto


Thursday, November 13, 2008 11:27 AM Page: 2 of 2

FILED

H08000255674 3
08 NOV 13 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000019482			
1. Corporation Name VINCENT N. JARVIS, M.D., P.A.			
2. Principal Office Address - No P.O. Box # 35 West 110th Street Suite, Apt. #, etc. Apt. 5B City & State New York, NY Zip 10026 Country USA		3. Mailing Office Address 35 West 110th Street Suite, Apt. #, etc. Apt. 5B City & State New York, NY Zip 10026 Country USA	
7. Name and Address of Current Registered Agent Name B & C Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2 South Biscayne Boulevard, 21st Floor Suite, Apt. #, Etc. City Miami State FL Zip Code 33131		4. Date Incorporated or Qualified To Do Business in Florida 03/03/1997 5. FEI Number 65-0733719 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.75 Additional fee required for a Certificate of Status <input checked="" type="checkbox"/> 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 <u>[Signature]</u> Date <u>11/13/08</u> REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Vincent N. Jarvis, M.D.	35 West 110th Street, Apt. 5B	New York, NY 10026
REINSTATEMENT			
RH			
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: <u>[Signature]</u> Vincent N. Jarvis, M.D., President Date <u>11/13/08</u> Daytime Phone # <u>917-690-3811</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

H08000255674 3

To:
Subject: 000650.95474

From: Ricky Soto

Thursday, November 13, 2008 11:27 AM Page: 1 of 2

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000255674 3)))



H080002556743ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

000650.95474

CORPORATION REINSTATEMENT

VINCENT N. JARVIS, M.D., P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,950.00

\$1,350

Waiving \$600 fee

RH

Electronic Filing Menu

Corporate Filing Menu

Help

* Per my conversation w/ Tina, once this has been filed bring it to Ms. Marie @ the front desk so a certified copy can be obtained. I will send the cert. copy request to Ms. Marie *