

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

09 APR 27 AM 11:35

DOCUMENT # P97000027460

1. Corporation Name

Leon F. Cohn, M.D. P.A.

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

499 N.W. 70 AVE

Suite, Apt. #, etc.

100

City & State

Plantation FL

Zip

33317

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

Same as principal address.

500152798005

04/27/09--01032--002 **1200.00

REINSTATEMENT

02-09KS

4. Date Incorporated or Qualified
To Do Business in Florida

3/26/1997

5. FEI Number

650753223

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

Leon F. Cohn, M.D.

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

499 N.W. 70 AVE

Suite, Apt. #, Etc.

100

City

Plantation

State

FL

Zip Code

33317

☒ 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

LF Cohn MD

REGISTERED AGENT MUST SIGN

Date

4/24/2009

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
DPVS.	Leon F. Cohn	499 N.W. 70 AVE #	100 Plant, FL. 33317

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:

LF Cohn MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/09
Date

Date

951 792-6411
Daytime Phone #

Daytime Phone #