

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN -1 AM 11: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000032509**

**1. Corporation Name**

Doctor Visit, P.A.

601 N. Flamingo Road

**2. Principal Office Address**

601 N. Flamingo Road

**3. Mailing Office Address**

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Zip

33028

Country

Broward

Zip

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 04/10/97

**5. FEI Number**

65-0744762

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

Jeffrey Sack

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

20191 E. Country Club Drive

Suite, Apt. #, Etc.

Apt 2111

City

No. Miami Beach

State  
**FL**

Zip Code  
33180

**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

✓ 5/24/04

**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 Sack	20191 E. Country Club Drive Apt 2111	No. Miami Beach, FL 33180

**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

Date

Daytime Phone #

Jeffrey A. Sack

✓ 5/26/04

✓ 450-7172

CR2E081 (01/04)