

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 17 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000032509**

1. Corporation Name

Doctor Visit PA

400162884474
11/17/09--01032--003 **300.00

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

501 NW 103 Ave

3. Mailing Office Address

20191 E Country Club Dr.

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

2111

City & State

Pembroke Pines, FL

City & State

Aventura, FL

Zip

33026

Country

Zip

33180

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FBI 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 Dr.

Suite, Apt. #, Etc.

2111

City

Aventura

State

FL

Zip Code

33180



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 section 617.0503, F.S.

Signature of
Registered Agent

X

[Signature]

Date

REGISTERED AGENT MUST SIGN

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 Dr. #2111	Aventura, FL 33180

10. E-mail Address: **M KRAV 11908 (A) AOL.COM**

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#

11/18/09