

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000103467

1. Entity Name
MARCOS REJTMAN, D.O., P.A.



FILED

08 MAY -6 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10405 NW 7TH ST.
PLANTATION, FL 33324 US

Mailing Address

10405 NW 7TH ST.
PLANTATION, FL 33324 US

2. Principal Place of Business - No P.O. Box #

1361 Sawgrass Corp. PKWY
Suite, Apt. #, etc.

3. Mailing Address

1361 Sawgrass Corp PKWY
Suite, Apt. #, etc.



REINSTATEMENT 07-08
05012008 REIN CR2E098 (1/07)

City & State

Sunrise, FL

Zip
33323

Country
US

City & State

Sunrise, FL

Zip
33323

Country
US

4. FEI Number

65-0800015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REJTMAN, MARCOS
10405 NW 7TH STREET
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Marcos Rejtman

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

1361 Sawgrass Corp. PKWY

City

Sunrise

FL

Zip Code

33323

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME REJTMAN, MARCOS
STREET ADDRESS 10405 NW 7TH STREET
CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☐ Addition
NAME Rejtman, Marcos
STREET ADDRESS 1361 Sawgrass Corporate PKWY
CITY-ST-ZIP Sunrise, FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 400128566504
STREET ADDRESS 05/06/08--01007--017 **300.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-08