

192
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 30 AM 8:00

DOCUMENT # P98000082839

1. Corporation Name

Geoffrey J. Zann, M.D., P.A.

REINSTATEMENT

01-04

MRS

2. Principal Office Address

660 Glades Road

Suite, Apt. #, etc.

240

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

660 Glades Road

Suite, Apt. #, etc.

240

City & State

Boca Raton, FL

Zip

33431

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/28/1998

5. FEI Number

650866415

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

Edward J. Jennings, Esquire

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

200 S.E. 18th Court

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

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

Edward J. Jennings
REGISTERED AGENT MUST SIGN

Date 12/23/04

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	Geoffrey J. Zann, MD	660 Glades Road, Ste. 240	Boca Raton, FL 33431

400043748524
12/30/04 01044 014 **600.00

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 effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE J. ZANN M.D.
660 GLADES RD. STE. 240
BOCA RATON, FL 33431

Date

Daytime Phone #

12/27/04

561-368-2005

CR2E081 (01/04)

292

LAW OFFICES OF

Edward J. Jennings, P.A.

EDWARD J. JENNINGS

200 S.E. 18TH COURT
FORT LAUDERDALE, FLORIDA 33316
TELEPHONE (954) 764-4330
FACSIMILE (954) 764-4502

December 23, 2004

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: *Geoffrey J. Zann, M.D., P.A.*
Document Number: P98000082839

To Whom It May Concern:

Enclosed for your convenience please find a Corporate reinstatement form for the above referenced corporation. Geoffrey J. Zann, M.D., P.A. has advised that they have not received their annual report notices for the years 2001 through present and have requested to waive the reinstatement fee. Therefore, also enclosed is a check in the amount of six hundred dollars (\$600.00) representing two hundred forty five dollars (\$245.00) for the annual report fees and three hundred fifty-five dollars (\$355.00) for the corporate supplemental fees. If you have any questions regarding the foregoing, or require any additional information, please do not hesitate to contact this office.

Very truly yours,



Edward J. Jennings

EJJ/jg
Enclosures

Cc: Geoffrey J. Zann, M.D., P.A.