

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 25 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10152007 REIN-P CR2E098 (1/07)

**DOCUMENT # P99000050061**

1. Entity Name  
KENNETH JEFFERS, M.D., P.A.



Principal Place of Business  
1625 SE 3RD AVENUE  
SUITE 700  
FORT LAUDERDALE, FL 33316

Mailing Address  
~~P.O. BOX 350243~~ SAME  
FT LAUDERDALE, FL 33335 FL

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country

4. FEI Number  
65-0927819

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WEISS, JANE M CPA  
LASKIN KRAMER & WEISS, P.A.  
1000 S. PINE ISLAND RD., STE 250  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \$150.00**  
**After January 1, 2008, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEFFERS, KENNETH 1625 SE 3RD AVENUE, SUITE 700 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500111380535 10/25/07--01047--001 **150.00
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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: 10/22/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/25/07