

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S21180**

1. Corporation Name

**JEFFREY M. POLLOCK, M.D., P.A.**

Principal Place of Business

Mailing Address

201 NW 82 AVE  
STE-505  
PLANTATION FL 33324  
US

201 NW 82 AVE  
STE-505  
PLANTATION FL 33324  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/26/1990**

5. FEI Number

**65-0234567**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SPA	POLLOCK, JEFFREY M	201 NW 82 AVE STE-505	PLANTATION FL 33324

**900029905559**  
**03/05/04--01005--007 \*\*300.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**POLLOCK, JEFFREY M**  
**7797 N UNIVERSITY DR**  
**SUITE 105**  
**TAMARAC FL 33321**

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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 #

CR2E040 (7/03)

**JEFFREY M. POLLOCK, M.D.**  
201 Northwest 82 Avenue, Suite 505  
Plantation, FL 33324  
PHONE (954) 617-0322 ♦ FAX (954) 617-0619

February 5, 2004

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

Gentlemen:

I have just been notified that my corporation, Jeffrey M. Pollock, M.D., PA., has been dissolved. I also received notification and application for reinstatement.

I never received any notification from your office regarding the annual report fee. As such, I am asking for exemption from reinstatement fees. Enclosed please find my check for the appropriate amount.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

  
JEFFREY M. POLLOCK, M.D.

JMP/lm:02/05/04  
Enclosure: Check