

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 22 PM 4:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S64781

1. Corporation Name

Brian F. Greer, M.D., P.A.

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

6893 S.W. 18th Street

Suite, Apt. #, etc.

F-101

City & State

Boca Raton, Florida

Zip

33433

Country

United States

3. Mailing Office Address

6893 S.W. 18th Street

Suite, Apt. #, etc.

F-101

City & State

Boca Raton, Florida

Zip

33433

Country

United States

REINSTATEMENT 07-08

CR2E081 (10/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

1991

5. FEI Number

59-3072766

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

7. Name and Address of Current Registered Agent

Name

Brian F. Greer, M.D., P.A.

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

6893 S.W. 18th Street

Suite, Apt. #, Etc.

F-101

City

Boca Raton

State

FL

Zip Code

33433

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

Brian Greer M.D.

Date 12-2-08

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
President	Brian F. Greer, M.D.	7880 Cummings Lane	Boca Raton, FL 33433
Vice President	BRIAN F. GREER M.D.	"	"
Owner	BRIAN F. GREER M.D.	"	"
Secretary	BRIAN F. GREER M.D.	"	"
Treasurer	BRIAN F. GREER M.D.	"	"
		\$12/22	

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 contained in Chapter 119, 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:

Brian Greer M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-08

Date

561-447-7501

Daytime Phone #