

THIS FORM.
APPROVED
AND
FILED

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		<p style="text-align: right;">APPROVED AND FILED</p> <p style="text-align: right;">97 MAY -9 PM 2:16</p> <p style="text-align: right;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
DOCUMENT # V02675					
1. Corporation Name FRANTZ CHERY M,D P.A					
Mailing Address Principal Place of Business 4101 NW 4th STREET SUITE 302 PLANTATION, FL 33317					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State --- Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 65-0303355	
				Applied For Not Applicable	
				CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8 /5 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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P	CHERY, FRANTZ	4101 NW 4th STREET #302	PLANTATION , F1 33317		
			500002181685--O -05/16/97-01097-002 *****915.00 *****915.00		
REINSTATEMENT <u>96-97</u>					
G. Alan 5/9/97					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name		
			CHERY, FRANTZ		
			Street Address (P.O. Box Number is Not Acceptable) 4101 NW 4th STREET #		
			Suite, Apt. #, Etc. 302		
City			State	Zip Code	
PLANTATION			FL	33317	
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.					
Signature of Registered Agent _____ Date 5-1-97 REGISTERED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for Information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: _____ DATE 5-1-97 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					