

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 14 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-02
UBF

DOCUMENT # **642351**

1. Corporation Name

**DR. Nancy Kirsner - Cantu, Ph.D.,
P.A.**

2. Principal Office Address

**Dr. Nancy Kirsner, Ph.D., P.A.
Oak Plaza Professional Center
8525 S.W. 92 Street, Suite A-3
Miami FL 33156**

3. Mailing Office Address

(Same)

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/6/83

5. FEI Number

59-2326057

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

**Dr. Nancy Kirsner, Ph.D.,
Oak Plaza Professional Center
8525 S.W. 92 Street, Suite A-3
Miami FL 33156**

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

900012311429

02/11/03--01033--021 **300.0

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

Dr. Nancy Kirsner, Ph.D., P.A.
REGISTERED AGENT MUST SIGN

Date

12/28/2002

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
	(None)		
P	Nancy Kirsner Ph.D.	8525 SW 92 ST, Ste A-3	Miami, FL 33156

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 legal effect as if made under oath.

SIGNATURE:

Dr. Nancy Kirsner, Ph.D., P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/28/2002

Daytime Phone #

(305) 274 8283



2002

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

December 13, 2002

DR. NANCY KIRSNER - CANTO, PH.D., P.A.
8525 S.W. 92 STREET, STE. A-3
MIAMI, FL 33156

SUBJECT: DR. NANCY KIRSNER - CANTO, PH.D., P.A.
Ref. Number: G42351

Pursuant to our telephone conversation of December 13, 2002, I am enclosing a blank reinstatement application.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 602A00065985

Dear Ms. Milligan,

Pursuant to our conversation, I am sending a check for \$150.00 for last year (2002) and \$150 for 2003; as I confirmed, I never received any letters at my new office address above. - You said you had the returned letter. I am concerned that the amount of money is accurate. please let me know. Thanks for your kindness and help! Dr. Nancy