

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 21 PM 12:39

DOCUMENT # **L66399**

1. Corporation Name

GERALD I. KORNREICH, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

Principal Place of Business

Mailing Address

% GERALD I. KORNREICH
100 S.E. 2ND STREET, SUITE 3910
MIAMI FL 33131

% GERALD I. KORNREICH
100 S.E. 2ND STREET, SUITE 3910
MIAMI FL 33131

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

100 S.E. 2nd Street

100 S.E. 2nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #3950

Suite #3950

City & State
Miami, Fl. 33131

City & State
Miami, Fl. 33131

Zip Country Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1990

5. FEI Number

65-0190515

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KORNREICH, GERALD I.	100 S.E. 2ND ST., #3910	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KORNREICH, GERALD I.
100 S.E. 2ND STREET
SUITE 3910
MIAMI FL 33131-9105

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

Date

REGISTERED AGENT MUST SIGN

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 corporation 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)