

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 FEB 14 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 468140

1. Corporation Name

MARK W. KAY, P.A.

Principal Place of Business

Mailing Address

7000 S.W. 62ND AVENUE
PENTHOUSE B
SOUTH MIAMI, FL 33143

(SAME)

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

REINSTATEMENT 9-97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/31/74	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1538984	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	KAY, MARK W.	7000 S.W. 62nd Avenue Penthouse B	South Miami, FL 33143
			700002090397--0 -02/18/97--01040--003 ***1636.25 ***1636.25
			JB2-17-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAY, MARK W.
7000 S.W. 62ND AVE., PENTHOUSE B
SOUTH MIAMI, FL 33143

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.

Signature of
Registered Agent

MARK W. KAY

REGISTERED AGENT MUST SIGN

Date

2/12/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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
MARK W. KAY, PRESIDENT

Date

Daytime Phone #

(305) 667-0475 ext. 2

CR2E040 (12/96)