

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 584908

1. Corporation Name

Bernard H. Cohen, M.D., P.A.

2. Principal Office Address

1 Grove Isle Drive

3. Mailing Office Address

1 Grove Isle Drive

Suite, Apt. #, etc.

Apt 1205

Suite, Apt. #, etc.

Apt 1205

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

US

Zip

33133

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1849763

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Bernard H. Cohen, M.D.

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

1 Grove Isle Drive

Suite, Apt. #, Etc.

Apt 1205

City

Miami

State

FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date 04/ /2006

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
PSTD	Cohen, Bernard H., M.D.	1 Grove Isle Drive, Apt 1205	Miami, FL 33133

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard H. Cohen, M.D., President 04/ /2006

Date

Daytime Phone #

305-588-3015