

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 26 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 601636

1. Corporation Name

KENYON, TERSHAKOVEC, DIAZ & CANNING, M.D.S, P.A.

Principal Place of Business

7000 SW 62 AVE
STE 310
MIAMI FL 33143
US

Mailing Address

7000 SW 62 AVE
STE 310
MIAMI FL 33143
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1969

5. FEI Number

59-1274116

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
P	TERSCHAKOVEC, GEORGE R.	7000 SW 62 AVE, #310	S MIAMI FL 33143
VP	DIAZ, DAVID M.D.	7000 SW 62 AVE, #310	S MIAMI FL 33143
ST	CANNING, W M	7000 S.W. 62 AVE. #310	S. MIAMI FL 33143

8. Name and Address of Current Registered Agent

TERSCHAKOVEC, GEORGE R
7000 SW 62 AVENUE
SUITE 310
SOUTH MIAMI FL 33143

9. Name and Address of New Registered Agent

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

George R. Terschakovec
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-21-02

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 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:

George R. Terschakovec
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-21-02 (305) 665-1386

CR2E04C (8/02)

KENYON, TERSHAKOVEC, DIAZ & CANNING, M.D.S., P.A.
GENERAL, LAPAROSCOPIC, ONCOLOGIC AND VASCULAR SURGERY
7000 S.W. 62ND AVENUE, SUITE 310
SOUTH MIAMI, FLORIDA 33143
TELEPHONE (305) 665-0436

NORMAN M. KENYON, M.D., F.A.C.S.
GEORGE R. TERSHAKOVEC, M.D., F.A.C.S.
BOARD CERTIFIED - AMERICAN BOARD OF SURGERY

DAVID DIAZ, M.D., F.A.C.S.
W. MICHAEL CANNING, M.D., F.A.C.S.
BOARD CERTIFIED - AMERICAN BOARD OF SURGERY

November 21, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: KENYON, TERSHAKOVEC, DIAZ & CANNING, M.D.S., P.A.
DOCUMENT #601636

To Whom It May Concern:

This letter is to request reinstatement of active corporate status. Unfortunately, the annual report notice was never received. The first notification for filing came as the Notice of Administrative Dissolution or Revocation form. Earlier this year our corporation went through significant changes. Dr. Norman Kenyon has retired, and Drs. Diaz & Canning left the practice to pursue individual interests. The reason I never received the original report request might be related to all the forwarded mail requests for the exiting physicians. If you are able to view our payment history, I'm certain you will see only promptness in returning our reports.

I have enclosed check #22081 in the amount of \$158.75 for the filing fee as well as for the Certificate of Status.

Thank you for your consideration in processing this reinstatement request.

Respectfully,



GEORGE R. TERSHAKOVEC, M.D., F.A.C.S.
President