

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 604191

1. Corporation Name

IRVING S. KOLIN, M.D., P.A.

Principal Place of Business

Mailing Address

1065 WEST MORSE BLVD.
STE. 202
WINTER PARK FL 32789
US

1065 WEST MORSE BLVD.
STE. 202
WINTER PARK FL 32789
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1973

5. FEI Number

59-1449973

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	KOLIN, IRVING S., M.D.	225 TRISMEN TERRACE	WINTER PARK FL
SD	KOLIN, IRVING S., M.D.	225 TRISMEN TERRACE	WINTER PARK FL
S	KOLIN, ROCHELLE	225 TRISMER TERRACE	WINTER PARK FL

600008708696
10/30/02--01115--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOLIN, IRVING S., M.D.
1065 WEST MORSE BLVD.
ORLANDO FL 32789

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

Date

Daytime Phone #

CR2E040 (8/02)

Irving S. Kolin, M.D., P.A.

1065 West Morse Boulevard • Winter Park, Florida 32789

Suite 202

Telephone 407 644-1122 • Fax 407 644-6554

IRVING S. KOLIN, M.D., F.A.P.A., F.A.C.P.

DIPLOMATE, AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

WITH ADDED QUALIFICATION IN GERIATRIC PSYCHIATRY AND ADDICTION PSYCHIATRY AND FORENSIC PSYCHIATRY

CERTIFIED BY EXAMINATION BY THE AMERICAN BOARD OF ADOLESCENT PSYCHIATRY

CERTIFIED BY EXAMINATION BY THE AMERICAN BOARD OF QUALITY ASSURANCE AND UTILIZATION REVIEW PHYSICIANS, INC.

DIPLOMATE, AMERICAN ACADEMY OF PAIN MANAGEMENT

FELLOW, AMERICAN PSYCHIATRIC ASSOCIATION

FELLOW, THE AMERICAN COLLEGE OF PSYCHIATRISTS

CLINICAL ASSOCIATE PROFESSOR OF PSYCHIATRY, UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE

October 23, 2002

Division of Corporations

Annual Report/Reinstatement Section

P.O. Box 6327

Tallahassee, Fl. 32314-6327

To Whom It May Concern:

I am writing this letter in regards to the UBR Report. This is the first notification I have received. I did not receive the two prior notices.

After speaking with your reinstatement office, it was my understanding that because I didn't receive prior notification the reinstatement fee will be waived. Therefore, I am enclosing a check in the amount of \$150.00.

If you need any additional information please feel free to contact me.--

Sincerely,



Irving S. Kolin, M.D. P.A.