

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 29 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F43896**

1. Corporation Name

NORMAN KRONACHER, M.D., P.A.

Principal Place of Business

3663 S MIAMI AVE
MIAMI FL 33133

Mailing Address

3663 S MIAMI AVE
MIAMI FL 33133

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

284 Rada Court
Coral Gables, FL

33143

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1981

5. FEI Number

59-2120063

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	KRONACHER, NORMAN	3663 S MIAMI AVE	MIAMI FL

4000008641464
10/29/02--01019--011 **750.00

02/11/14

8. Name and Address of Current Registered Agent

KRONACHER, NORMAN
3663 S MIAMI AVE
MIAMI FL FL 33133

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Coral Gables

FL

33143

CR2E040 (8/02)

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

Norman Kronacher, MD
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date October 23, 2002

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)(f), 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:

Norman Kronacher, MD
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 23, 2002

(305)
285-2131