

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G76172**

1. Corporation Name

KRAEMER & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

**3080 N.W. 99TH AVENUE
SUITE 304
CORAL SPRINGS FL 33065
US**

**3080 N.W. 99TH AVENUE
SUITE 304
CORAL SPRINGS FL 33065
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

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2348100

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PTSD	KRAEMER, ELIHU M MD	3080 N.W. 99TH AVENUE #304	CORAL SPRINGS FL 33065

**500024173485
10/27/03--01109--011 **750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**COHEN, JEFFREY L
54 N.E. FOURTH AVENUE
DELRAY BEACH FL 33483**

Name **Michael E. Greene**

Street Address (P.O. Box Number is Not Acceptable)
4900 W. Sample Rd

Suite, Apt. #, Etc.
324

City **Coral Springs**

State
FL

Zip Code
33065

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

Michael E. Greene

REGISTERED AGENT MUST SIGN

Date **Oct 22, 2003**

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:

Glenda E. Hood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 22, 2003 954-752-9630

Date

Daytime Phone #

CR20040 (7/03)