

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J29689

1. Corporation Name

WESTVIEW MANOR, INC.

Principal Place of Business

500 BAYVIEW DRIVE  
SUITE 1730  
NORTH MIAMI BEACH, FL

Mailing Address

500 BAYVIEW DRIVE  
SUITE 1730  
NORTH MIAMI BEACH, FL 33160

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

08/20/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2709643

Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	ROBERT KRINZMAN	500 BAYVIEW DRIVE SUITE 1730	N. MIAMI BEACH, FL 33160
D	RICHARD N. KRINZMAN	2601 S. BAYSHORE DRIVE SUITE 600	MIAMI, FLORIDA 33133
			700002548107-3
			-06/04/98-01096-023
			***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE, FLORIDA 32301

Name

HKE&F REGISTERED AGENT CORP.

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

2601 S. BAYSHORE DRIVE

Suite, Apt. #, Etc.

SUITE 600

City

MIAMI

State

FL

Zip Code

33133

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.

Signature of  
Registered Agent

*Arthur J. Fure, Vice President*  
REGISTERED AGENT MUST SIGN

Date 5/27/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information  
on intangible tax.)

12. 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.

ROBERT KRINZMAN, PRESIDENT

SIGNATURE:

*Robert Krinzman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/98  
Date

(305) 859-7700  
Daytime Phone #

REINSTATEMENT 95-98-

CR2040 (1/98)