

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 16 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J36618

1. Corporation Name

KIM L. ROGNER, D.C., P.A.

Principal Place of Business

9370 SUNSET DRIVE, SUITE A-150  
MIAMI FL 33173

Mailing Address

9370 SUNSET DRIVE, SUITE A-150  
MIAMI FL 33173

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. Kim L. Rogner  
13170 Atlantic Blvd. Ste. 58

City & State

City & State PMB 107  
Jacksonville, Florida 32225

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/1986

5. FEI Number

59-2695885

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
PTD	ROGNER, KIM L, D.C.	9370 SUNSET DR., #A-150	MIAMI FL

8. Name and Address of Current Registered Agent

KIM L ROGNER  
9370 SUNSET DR #A-150  
MIAMI FL 33173

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

12/12/02

(305) 372-9019

December 12,2002

To Whom It May Concern:

Can you please reduce the penalty due to a change of address and the form was never delivered. My new address is: KIM L. ROGNER 13170 ATLANTIC BLVD.STE.58 PMB 107, JACKSONVILLE, FLORIDA 32225.

Thank You,  
Kim L Rogner, D.C.