

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 MAR -4 PM 3:13

DOCUMENT #

1. Corporation Name

WILLIAM D. KIRSH, D.O., P.A.

L46318

2. Principal Office Address

326 71st Street

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33141

Country

Miami-Dade

3. Mailing Office Address

326 71st Street

Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip

33141

Country

Miami-Dade

REINSTATEMENT 96-03

4. Date Incorporated or Qualified
To Do Business in Florida

1/25/90

5. FEI Number

65-2620417

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William D. Kirsh

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

326 71st Street

Suite, Apt. #, Etc.

City

Miami Beach

State
FL

Zip Code
33141

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/28/93

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	William D. Kirsh, D.O.	326 71st Street	Miami Beach, FL 33141

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 538-9200

CR2E081 (10/02)