

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

98-99AR

DOCUMENT # L79610

1. Corporation Name

Kenneth J. Gold, M.D., P.A.

Principal Place of Business

8000 South U.S.#1
Suite 200
Port St. Lucie, FL 34952

Mailing Address

Same

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.

City & State

City & State

Zip

Country

Zip

Country

8000 South US 1

SUITE 200

PORT ST LUCIE, FL

34952

USA

4. Date Incorporated or Qualified To Do Business in Florida

6/12/90

5. FEI Number

65-0198633

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Kenneth J. Gold	2592 SW Racquet Club Drive	Palm City, FL 34990

8. Name and Address of Current Registered Agent

James Sopko, Esquire
2307 SE Monterey Road
Stuart, FL 34996

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.

Signature of Registered Agent

James Sopko

REGISTERED AGENT MUST SIGN

Date

8/12/99

11. This corporation owes 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, and 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:

Kenneth J. Gold, MD PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/99

Date

561-343-0913

Daytime Phone #

CR2E001 (12/98)

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KENNETH J. GOLD, M.D., P.A.
DIPLOMATE, AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY
8000 SOUTH U.S. HWY. #1, SUITE #200
PORT ST. LUCIE, FL 34952
TELEPHONE: (861) 343-0913
FAX: (861) 343-0915

August 11, 1999

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Corporation

To Whom It May Concern:

I am enclosing a copy of the 1997 annual report for Kenneth J. Gold, M.D., P.A. This was the last time an annual report was received by this office. Please note that a request was **not** made to change the mailing address.

However, according to your records, the mailing address was incorrectly changed by your office. The renewals from the past two years never arrived at our office or at the office of our attorney, Mr. James Sopko, the registered agent of record. The street address was changed, however, the city and zip code were not. The annual report must have gone to the dead mail office for the past two years. Therefore, the Kenneth J. Gold, M.D., P.A. corporation was inadvertently dissolved.

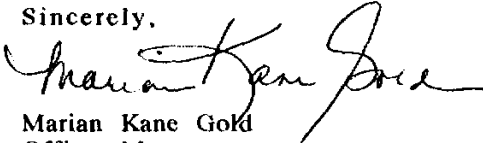
I am enclosing the reinstatement form and this letter of explanation along with a check for \$300 per Andy at the Reinstatement Division of your office.

Please make sure the address is corrected as follows and include this on the Certificate of Status as requested on the Reinstatement Form:

Kenneth J. Gold, M.D., P.A.
8000 South U.S. Highway #1
Suite 200
Port St. Lucie, FL 34952

Thank you in advance for your cooperation and prompt response.

Sincerely,


Marian Kane Gold
Office Manager
Kenneth J. Gold, M.D., P.A.