

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 25 PM 4:40

DOCUMENT # M87747

1. Corporation Name

WAYNE J. KERNESS, M.D., P.A.

Principal Place of Business

Mailing Address

~~11045 BISCAYNE BLVD~~
~~STE 300~~
MIAMI FL 33181
US

~~11045 BISCAYNE BLVD~~
~~STE 300~~
~~MIAMI FL 33181~~
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2903 SIMMS ST

Suite, Apt. #, etc.

HOLLYWOOD, FL

City & State

3. New Mailing Office Address, If Applicable

2903 SIMMS ST

Suite, Apt. #, etc.

HOLLYWOOD, FL

City & State

Zip 33020

Country U.S.A.

Zip 33020

Country U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1988

5. FEI Number

65-0058679

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KERNESS, WAYNE J.	11045 BISCAYNE BLVD, STE 300 2903 SIMMS ST	MIAMI FL HOLLYWOOD, FL 33020

600003602866
-01/30/01-01/30-016
****900.00 ****900.00

8. Name and Address of Current Registered Agent

KERNESS, WAYNE J.
~~11045 BISCAYNE BLVD~~ 2903 SIMMS ST
STE 300
MIAMI FL 33181
HOLLYWOOD, FL 33020

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Wayne J. Kerness
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/28/00

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:

Wayne J. Kerness
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WAYNE J. KERNESS

12/28/00 (954) 927-2044
Date Daytime Phone #