

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 OCT 15 AM 9:49

DOCUMENT # P00000011359

1. Corporation Name

RONALD L. BLANKSTEIN, MD, PA

Principal Place of Business

Mailing Address

~~320 PLAZA REAL STE #503~~

~~BOCA RATON FL 33432~~

2300 GLADES Rd #305

BOCA RATON FL 33431

~~320 PLAZA REAL STE #503~~

~~BOCA RATON FL 33432~~

2300 GLADES Rd #305

BOCA RATON, FL 33431

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



REINSTATEMENT 01

2. New Principal Office Address, If Applicable

2300 GLADES Rd

Suite, Apt. #, etc.

305

City & State

BOCA RATON FL

Zip

33431

Country

USA

3. New Mailing Office Address, If Applicable

2300 GLADES Rd

Suite, Apt. #, etc.

305

City & State

BOCA RATON FL

Zip

33431

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/2000

5. FEI Number

65-0975157

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
H.D.	RONALD L. BLANKSTEIN	320 PLAZA REAL #503 BOCA RATON, FL 33432	BOCA RATON FL 33432

600004653746-4  
-10/25/01--01075--007  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

BLANKSTEIN, RONALD L  
320 PLAZA REAL, STE #503  
BOCA RATON FL 33432

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

REGISTERED AGENT MUST SIGN

Date

10/12/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/01  
Date

5613678155  
Daytime Phone #

CR20040 (8/01)