

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JUL 13 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00 000017689

1. Corporation Name

Christine A Karas, P.A.

2. Principal Office Address

2420 Brickell Ave

3. Mailing Office Address

2420 Brickell Ave

Suite, Apt. #, etc.

Unit 306B

Suite, Apt. #, etc.

Unit 306B

City & State

Miami, FL

City & State

Miami, FL

Zip

33129

Country

USA

Zip

33129

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/18/00

5. FFL Number

65-0984662

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

Christine A Karas

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

2420 Brickell Ave

Suite, Apt. #, Etc.

Unit 306B

City

Miami

State

FL

Zip Code

33129

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

X

REGISTERED AGENT MUST SIGN

Date

X 7/6/06

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
PD	Christine A Karas	2420 Brickell Ave #306B	Miami, FL 33129

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 contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 7/6/06

Daytime Phone #

305-772-  
4802