

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000055750

1. Corporation Name

DAVID M. COHN, M.D., P.A.

Principal Place of Business

Mailing Address

4302 ALTON ROAD
SUITE 490
MIAMI BEACH FL 33140

4302 ALTON ROAD
SUITE 560
MIAMI BEACH FL 33140

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

2. New Principal Office Address, If Applicable

4302 ALTON ROAD

Suite, Apt. #, etc.

SUITE 910

City & State
MIAMI BEACH, FLORIDA

Zip
33140

Country
DADE

3. New Mailing Office Address, If Applicable

4302 ALTON ROAD

Suite, Apt. #, etc.

910

City & State
MIAMI BEACH, FL

Zip
33140

Country
DADE

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/2000

5. FEI Number

65-1015570

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
D	COHN, DAVID M M.D.	1035 BELLE MEADE ISLAND DRIVE	MIAMI FL 33138

8. Name and Address of Current Registered Agent

COHN, DAVID M M.D.
4302 ALTON ROAD
SUITE 490
MIAMI BEACH FL 33140

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10/16/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03

Daytime Phone #

CR2040 (7/03)