

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000092965

1. Corporation Name

MARK KLINE, P.A.

Principal Place of Business

8298 BERMUDA SOUND WAY
BOYNTON BCH FL 33426

Mailing Address

8298 BERMUDA SOUND WAY
BOYNTON BCH FL 33426

FILED

01 OCT 25 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. New Principal Office Address, If Applicable

5301 N Federal Hwy

Suite, Apt. #, etc.

190

City & State

Boca Raton FL

Zip

33487

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/2000

5. FEI Number

65-1061407

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KLINE, MARK	8298 BERMUDA SOUND WAY	BOYNTON BCH FL 33426

200004679172--7

-11/14/01--01079--022

****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

KLINE, MARK
8298 BERMUDA SOUND WAY
BOYNTON BCH FL 33426

Kline mark
5301 N Federal
Hwy
Boca Raton FL
33487

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

REGISTERED AGENT MUST SIGN

Date

10-22-01

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)(f), 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

Date

Daytime Phone #

MARK KLINE

10/22/01

561-995
8887

CR2E040 (6/01)