

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2012 MAY 24 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000013188
1. Corporation Name
RICHARD N. KRINZMAN, P.A.

2. Principal Office Address - No P.O. Box # 800 Brickell Avenue		3. Mailing Office Address 800 Brickell Avenue	
Suite, Apt. #, etc. Suite 1501		Suite, Apt. #, etc. Suite 1501	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country USA	Zip 33131	Country USA

REINSTATEMENT

CR2E081 (11/10) 11-12

4. Date Incorporated or Qualified To Do Business in Florida	02/052001
5. FEI Number	542022110
<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

900235414119
05/22/12--01022--002 **900.00

7. Name and Address of Current Registered Agent

Name
RICHARD N. KRINZMAN

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

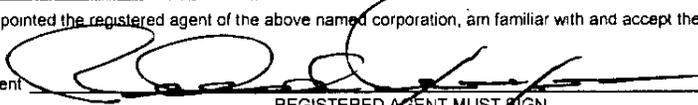
Suite, Apt. #, Etc.
Suite 1501

City
Miami

State
FL

Zip Code
33131

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  Date 5/2/12

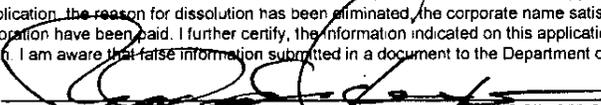
REGISTERED AGENT MUST SIGN

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
DP	RICHARD KRINZMAN	800 Brickell Ave, Suite 1501	Miami, FL 33131

10. E-mail Address: RNIK@KHELLAW.COM
(To be used for future annual report notification)

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. and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:  5/2/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MAY 24 2012