

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000090095**

1. Corporation Name

KENNETH HERSKOWITZ, M.D., P.A.

Principal Place of Business

705 POINCIANA DRIVE
FT LAUDERDALE FL 33301

Mailing Address

705 POINCIANA DRIVE
FT LAUDERDALE FL 33301



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

2. New Principal Office Address, If Applicable

705 Poinciana Dr.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

3. New Mailing Office Address, If Applicable

705 Poinciana Dr.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33301

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/2001

5. FEI Number

65-1139562

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.P.S. | Kenneth Herskowitz M.D. | 705 Poinciana Dr. | Ft. Lauderdale, FL 33301 |
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WUBZ-TV

8. Name and Address of Current Registered Agent

HERSKOWITZ, KENNETH
705 POINCIANA DRIVE
FT LAUDERDALE FL 33301

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/12/2002

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Herskowitz, President 954-355-4665

Date

Daytime Phone #

KENNETH HERSKOWITZ, M.D., F.A.C.S.

Diplomate, American Board of Thoracic Surgery • Specializing in Cardiovascular and Thoracic Surgery

1625 S.E. 3rd Avenue • Suite 300 • Fort Lauderdale, Florida 33316
Tel: (954) 355-4665 • Fax: (954) 355-4881

November 13, 2002

Division of Corporations
Annual Report / Reinstatement Section
409 East Gaines Street
Tallahassee, FL 32399

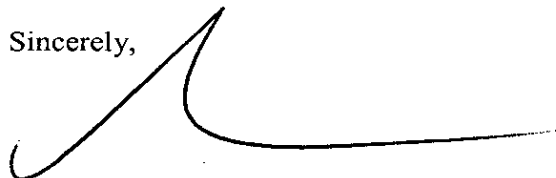
RE: Kenneth Herskowitz, M.D., P.A. Document #P01000090095

To Whom It May Concern:

This letter is in response to your notice of administrative dissolution or revocation. Please accept our apology for not filing in a timely manner. We ensure you that this was the only notification we received. Enclosed is a check for \$150.00, for a for-profit corporation.

If you should have any question please, do not hesitate to contact my office.

Sincerely,

A handwritten signature in black ink, consisting of a large, stylized 'K' followed by a horizontal line extending to the right.

Kenneth Herskowitz, M.D., P.A.