

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 AUG 30 A 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000023564

1. Corporation Name

DAVID KURTZ MD PA

700184868557
08/30/10--01055--014 **1350.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

1411 N FLAGLER DRIVE

3. Mailing Office Address

1411 N FLAGLER DRIVE

Suite, Apt. #, etc.

SUITE 9400

Suite, Apt. #, etc.

SUITE 9400

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/2004

5. FEI Number

20-0706342

☐ 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

DAVID I KURTZ

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

1411 N FLAGLER DRIVE

Suite, Apt. #, Etc.

SUITE 9400

City

WEST PALM BEACH

State

FL

Zip Code

33401

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

REGISTERED AGENT MUST SIGN

Date 8/25/10

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
DR	DAVID I KURTZ	1411 N FLAGLER DR	WEST PALM BEACH FL 33401

REINSTATEMENT

06-10
JSS

10. E-mail Address: bsommers@sek-cpa.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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #