

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -6 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000003342

1. Corporation Name

Joseph Kurstin, MD, PA  
1661 SW 37 Avenue  
Miami, Fla. 33145

2. Principal Office Address

1661 SW 37 Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33145

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/14/93

5. FEI Number

65-0387339

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 03

000024480580  
11/06/03--01042--023 \*\*158.75

**7. Name and Address of Current Registered Agent**

Name

ALLEN, LOUISE J.

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

150 WEST FLAGLER ST.

Suite, Apt. #, Etc.

SUITE 2200

City

MIAMI

State

FL

Zip Code

33130

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

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
PRES	JOSEPH KURSTIN, MD (D)	2127 BRICKELL AVE. #3601	MIAMI, FL 33129

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/03  
Date

(305) 461-2400  
Daytime Phone #

CR2E081 (10/02)



November 3, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32399

Re: FEI# 65-0387339  
Document # P93000003342

To Whom It May Concern:

After speaking with your representative Robin Easom, in your Certification Section today she notified me that the address change for our center was not noted correctly and was an error on your part. I was then transferred to your reinstatement department and instructed to download the reinstatement form and attach this letter to request the six hundred dollar fee be waived since it was an error on your part and we never received the first nor the second notice.

I am enclosing the reinstatement form with a check for \$150.00 plus \$8.75 for the certificate of status. If any further information is needed please do not hesitate to contact our office at (305)461-2400.

Sincerely,

  
Mageline Menendez  
Administrator