

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUL 13 10:22

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DOCUMENT # P93000073891

1. Corporation Name

KINDER CLINIC, P.A.

2. Principal Office Address

435 2ND ST NE

Suite, Apt. #, etc.

3. Mailing Office Address

435 2ND ST NE

Suite, Apt. #, etc.

City & State

WINTER HAVEN FL

City & State

WINTER HAVEN FL

Zip

33881

Country

USA

Zip

33881

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/93

5. FEI Number

593196072

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

JOSEF S. KLEINE

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

435 2ND ST NE

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33881

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 07.10.06

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 |
|--------|--------------------------------------|---|-----------------------|
| PST | JOSEF S. KLEINE | 435 2ND ST NE | WINTER HAVEN FL 33881 |
| V | HEATHER S. WHITWORTH | 435 2ND ST NE | WINTER HAVEN FL 33881 |
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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 contained in Chapter 119, 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]

JOSEF S KLEINE

7.10.06 8632994567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #