

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 MAY -1 AM 7:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000758 ( )

1. Corporation Name

ANDREW B. KAIRALLA, M.D., P.A.

Principal Place of Business

Mailing Address

9820 SW 60 Street  
Miami, FL 33173-1423

REINSTATEMENT

95-98  
AD

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

9990 S.W. 77th Avenue

4. Date Incorporated or Qualified 12/27/93  
To Do Business in Florida

EFF: 1/1/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 330

5. FEI Number

65-0458930

Applied For

Not Applicable

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33156-2699

USA

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	Andrew B. Kairalla, M.D.	9820 SW 60 Street	Miami, FL 33173-1423
S/T	Susan Marie Kairalla	9820 SW 60 Street	Miami, FL 33173-1423

800002516450-5  
-05/08/98-01009-005  
\*\*\*1200.00 \*\*\*1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Susan Marie Kairalla  
8991 S.W. 95th Ave.  
Miami, FL 33176

Name

John A. Margolis, Esq.

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

9990 S.W. 77th Avenue

Suite, Apt. #, Etc.

Suite 330,

City

Miami,

State  
FL

Zip Code

33156-2699

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.

Signature of  
Registered Agent

*John A. Margolis*

REGISTERED AGENT MUST SIGN

Date 4/28/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Susan Marie Kairalla*

Secretary

4/23/98

305/274-3084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/98)