

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000044510**

1. Corporation Name

DR. S. COHEN AND DR. S. COSENTINO, P.A.

Principal Place of Business

**4051 SHERIDAN STREET
SUITE 300
HOLLYWOOD FL 33021**

Mailing Address

**4051 SHERIDAN STREET
SUITE 300
HOLLYWOOD FL 33021**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
838 W. Hallandale Beach Blvd

City & State
Hallandale FL

Zip
33009 Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
838 W. Hallandale Beach Blvd

City & State
Hallandale FL

Zip
33009 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

08/08/1995

5. FEI Number

65-0590845

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	COHEN, STEVEN	212 THREE ISLANDS BLVD #104	HALLANDALE FL 33008
D	COSENTINO, STEPHEN	3300 N.E. 192ND STREET #1417	AVENTURA FL 33180
			600002000156--0 -11/08/96--01031--005 ***236.25 ***236.25
			600002000156--0 -11/08/96--01031--006 ***138.75 ***138.75

8. Name and Address of Current Registered Agent

**FEINBERG, JEFFREY
4051 SHERIDAN STREET
SUITE 300
HOLLYWOOD FL 33021**

9. Name and Address of New Registered Agent

Name
Stephen Cosentino, D.O.
Street Address (P.O. Box Number is Not Acceptable)
838 W. Hallandale Beach Blvd
Suite, Apt. #, Etc.
City
Hallandale State
FL Zip Code
33009

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

SIGNATURE REQUIRED

Date **10/3/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/3/96** 954/454-1111
Daytime Phone #