

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 18 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000097479**

1. Corporation Name

ROBERT W. KOSS, M.D., P.A.

Principal Place of Business

5202 CULSAJA CIRCLE
VALRICO FL 33594

Mailing Address

5202 CULSAJA CIRCLE
VALRICO FL 33594



REINSTATEMENT 02

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1996

5. FEI Number

59-3350137

Applied For

Not Applicable

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 3	City / State / Zip 4
D	KOSS, ROBERT W M.D.	5202 CULSAJA CIRCLE	VALRICO FL 33594

800009576238
12/18/02--01037--017 **750.00

8. Name and Address of Current Registered Agent

GASSMAN, ALAN S ESQ.
1245 COURT STREET, SUITE 102
CLEARWATER FL 34616

727-442-1200

9. Name and Address of New Registered Agent

Name

Robert W. Koss

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

5202 Culsaaja Circle

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-12-02

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 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

12-8-02

Daytime Phone #

CR2E040 (802)