

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000097844

1. Corporation Name

ALEXANDER KAPETANAKIS, P.A.

Principal Place of Business

Mailing Address

2655 LEJEUNE RD  
SUITE 807  
CORAL GABLES FL 33134

2655 LEJEUNE RD  
SUITE 807  
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

2601 S. Bayshore dr

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

Suite 1400

Suite, Apt. #, etc.

2601 S. Bayshore dr.

City & State

MIAMI

FL.

City & State

Zip

33133

Country

USA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/1996

5. FEI Number

65-0715322

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KAPETANAKIS, ALEXANDER	2655 LEJEUNE RD SUITE 807	CORAL GABLES FL 33134

700003515047--6  
-12/27/00--01083--021  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

KAPETANAKIS, ALEXANDER  
2655 LEJEUNE RD  
SUITE 807  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Alexander KAPETANAKIS

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

2601 S. Bayshore dr.

Suite, Apt. #, Etc.

#1400

City

MIAMI

State

FL

Zip Code

33133

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]*  
REGISTERED AGENT MUST SIGN

Date 12-14-00

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305  
854-  
0007