

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

04 JUN 22 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097844

1. Corporation Name

ALEXANDER KAPETANAKIS, P.A.

Principal Place of Business

Mailing Address

~~2601 S. BAYSHORE DR., STE 1400~~  
~~MIAMI FL 33133~~

~~2601 S. BAYSHORE DR., STE 1400~~  
~~MIAMI FL 33133~~



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

1101 Brickell Ave  
Suite, Apt. #, etc.  
1801

1101 Brickell Ave  
Suite, Apt. #, etc.  
1801

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip Country  
33131 USA

Zip Country  
33131 USA

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)

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

000038163450  
06/22/04--01053--009 \*\*1050.00

8. Name and Address of Current Registered Agent

KAPETANAKIS, ALEXANDER  
2601 S. BAYSHORE DR., STE 1400  
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name Alexander Kapetanakis  
Street Address (P.O. Box Number is Not Acceptable)  
1101 Brickell Ave  
Suite, Apt. #, Etc.  
1801  
City MIAMI State FL Zip Code 33131

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 6-12-04

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

Daytime Phone #

305  
6-12-04 3798007