

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 AM 10:26

DOCUMENT # PA70000095020

1. Corporation Name

Bruce B. Kadz, M.D., P.A.

W-20513

2. Principal Office Address

9 Island Avenue

Suite, Apt. #, etc.

Suite 1003

City & State

Miami Beach, FL

Zip

33139

Country

U.S.

3. Mailing Office Address

9 Island Avenue

Suite, Apt. #, etc.

Suite 1003

City & State

Miami Beach, FL

Zip

33139

Country

U.S.

REINSTATEMENT

98-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/07/97

5. FEI Number

65-0799724

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bruce B. Kadz, M.D.

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

9 Island Avenue

Suite, Apt. #, Etc.

Suite 1003

City

Miami Beach

900003406629-1

-09/27/00-01072-002

***1050.00 ***1050.00

State
FL

Zip Code

33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/9/2000

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

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

Pres. Bruce B. Kadz, M.D. 9 Island Ave., #1003 Miami Beach, FL 33139

8/9/14

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/2000

Date

Daytime Phone #

(305) 672-1046

CR2E081 (9/99)