

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 OCT -9 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000025154**

**1. Corporation Name**

**RHONDA KOUSSEVITZKY P.A.**

**2. Principal Office Address**

**11849 NW 12<sup>TH</sup> DRIVE**  
~~CORAL SPRINGS~~

Suite, Apt. #, etc.

**3. Mailing Office Address**

**SAME - 11849 NW 12<sup>TH</sup> DR.**

Suite, Apt. #, etc.

**City & State**

**CORAL SPRINGS, FL**

**City & State**

**CORAL SPRINGS**

**Zip**

**33071**

**Country**

**USA**

**Zip**

**FL**

**Country**

**33071**

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

**3/19/99**

**5. FEI Number**

**650909673**

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**

**WILLIAM GREENE**

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

**4698 NW 103 AVENUE**

Suite, Apt. #, Etc.

**City**

**SUNRISE**

**State**

**FL**

**Zip Code**

**33351**

**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

**William Greene**

Date

**10/5/00**

REGISTERED AGENT MUST SIGN

**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.	RHONDA KOUSSEVITZKY	11849 NW 12 <sup>TH</sup> DRIVE	CORAL SPRINGS, FL 33071

REINSTATEMENT

**DD JS**

**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:

**Rhonda Koussevitzky**

**RHONDA KOUSSEVITZKY 10/02/00**

Date

**9547566944**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)