

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 OCT -9 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P99000025154**

1. Corporation Name

RHONDA KOUSSEVITZKY P.A.

2. Principal Office Address

11849 NW 12TH DRIVE
~~CORAL SPRINGS~~

Suite, Apt. #, etc.

3. Mailing Office Address

SAME - 11849 NW 12TH 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 TH 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)