

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000067502**

1. Corporation Name

**ARNON KRONGRAD, M.D., P.A.**

**REINSTATEMENT 03**



600025192746  
12/03/03--01047--025 \*\*150.00

Principal Place of Business

Mailing Address

21110 BISCAYNE BLVD  
SUITE 208  
NORTH MIAMI FL 33181

21110 BISCAYNE BLVD  
SUITE 208  
NORTH MIAMI FL 33181

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

4. Date Incorporated or Qualified To Do Business in Florida

07/29/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0942963

Applied For

Not Applicable

City & State

City & State

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	KRONGRAD, ARNON	12499 KEYSTONE ROAD	NORTH MIAMI FL 33181

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KRONGRAD, ARNON  
12499 KEYSTONE ROAD  
NORTH MIAMI FL 33181

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/03

Date

Daytime Phone #

CR2E040 (7/03)

# Arnon Krongrad, M.D., P.A.

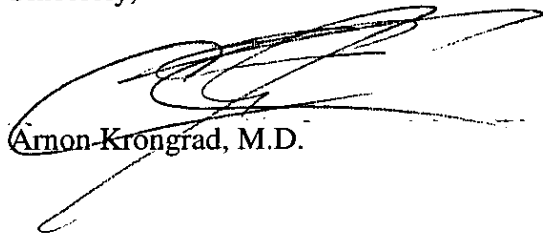
November 24, 2003

Florida Department of State  
Glenda E. Hood  
Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

This letter is to state that we did not receive the prior UBR notices.

Attached is a check for \$150.00 and the completed application for reinstatement.

Sincerely,



Arnon Krongrad, M.D.