

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 APR 24 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000091844

**1. Corporation Name**

Doctor K. Mediserv, Inc.

**2. Principal Office Address**

2600 Williams Island Blvd.

Suite, Apt. #, etc.

1106

City & State

Aventura, Florida

Zip

33160

Country

U.S.A.

**3. Mailing Office Address**

2600 Williams Island Blvd.

Suite, Apt. #, etc.

1106

City & State

Aventura, Florida

Zip

33160

Country

U.S.A.

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

10-19-1999

**5. FEI Number**

650955644

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

**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

**Brian Courtney**  
Asst. V. Pres.

Date April 23, 2002

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
P	Enrique Knobloch	2600 Williams Island Blvd. 1106	Aventura, FL 33160
VP	Cohen-Knobloch, COTA	2600 Williams Island Blvd. 1106	Aventura, FL 33160

**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:**

Enrique Knobloch

4-23-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)



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ACCOUNT NO. : 072100000032

REFERENCE : 546560 7287603

AUTHORIZATION :

*Patricia Pizute*

COST LIMIT : \$ 908.75

ORDER DATE : April 24, 2002

ORDER TIME : 11:44 AM

ORDER NO. : 546560-005

CUSTOMER NO: 7287603

CUSTOMER: Ms. Diane Rowley  
Thomas L. Abrams, P.a.  
1776 N. Pine Island Road  
Suite 326  
Fort Lauderdale, FL 33322

DOMESTIC FILINGS

NAME: DOCTOR K. MEDISERV, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
02 APR 24 PM 1:03  
DIVISION OF CORPORATION