

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 18 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V48099**

1. Corporation Name

Gunter Kahn, M.D., P.A.

2. Principal Office Address

16800 NW 2nd Avenue

3. Mailing Office Address

SAME AS PRINCIPAL

Suite, Apt. #, etc.

408

Suite, Apt. #, etc.

City & State

No. Miami Beach, FL

City & State

Zip

33169

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

65-0336863

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Gunter Kahn, M.D.

100005182131--1

-04/02/02--01021--024

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

16800 NW 2nd Avenue

***\$00.00 ***\$00.00

Suite, Apt. #, Etc.
408

City

No. Miami Beach,

State
FL

Zip Code
33169

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

Gunter Kahn
REGISTERED AGENT MUST SIGN

Date 3/14/02

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,D	Gunter Kahn	16800 NW 2nd Avenue	No. Miami Beach Florida 33169

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:

Gunter Kahn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02
Date

305-652-8600
Daytime Phone #

CR2E081 (9/01)