PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

~~APPLICATION FOR REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
~~Jim Smith~~
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB -4 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000099445

1. Corporation Name

VILLAGE WOMEN'S HEALTHCARE PA

Principal Place of Business	Mailing Address
110 CENTURY BLVD WEST PALM BEACH FL 33417	110 CENTURY BLVD WEST PALM BEACH FL 33417 PH# 561-712-0688

2002-2003 UBR

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/11/2001

5. FEI Number: 65-11-51189 ☐ Applied For ☐ Not Applicable

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
P,O	Katie Jaremant	110 Century Blvd	West Palm Beach, FL 33417
			700009489617 02/28/03--01038--015 **150.00
			700008489617 12/12/02--01071--008 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ROBINSON, AUBIN 505 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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 REQUIRED~~ Date 12/9/02

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 REQUIRED~~ Katie Jaremant, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CHARTERED LAW FIRM OF

AUBIN WADE ROBINSON

Attorneys at Law

9 December 2002

MAIL REPLY TO:

P. O. BOX 210425
ROYAL PALM BEACH, FL 33421

TELEPHONE:

561.333.8755

FAX:
561.791.7950

EMAIL:
Aubin_Wade_Robinson@Juno.com

OFFICES:

❖

PALM BEACH
Royal Plaza, Esplanade
505 Royal Palm Beach Blvd
Royal Palm Beach, Florida 33411
(Main Office)

❖

BROWARD
Envirwood Executive Plaza, Suite 205
5950 West Oakland Park Blvd.
Fort Lauderdale, Florida 33313

❖

MARTIN
1045 East Ocean Blvd., Suite 5
Stuart, Florida 34996

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Matter: Village Women's Healthcare PA
Document No.: P01000099445

Dear Clerk:

I am in receipt of Application for Reinstatement for the above referenced entity. Take note that the original 2002 Uniform Business Report was not received. Per correspondence with your office, we were advised to do the following:

1. Cross Out Application for Reinstatement and insert 2002 UBR.
2. Enclose check in the amount of $150.00.

Thank you for your assistance. If you have any questions, please call.

Respectfully,

AUBIN WADE ROBINSON

Enclosure(s): 2002 Uniform Business Report

F:\Chartered LAW FIRM Files\CLIENTS-ROBINSON (Active)\Laremont, Katia\Letter to Department of State.wpd