

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -9 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000013733**

1. Corporation Name

MSC OF SOUTH FLORIDA, INC.

500067966145
03/16/06--01013--010 **1350.00

2. Principal Office Address

6165 HOLLY LANE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

LANTANA, FL

Zip

33462

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/1996

5. FEI Number

65-0638588

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

MARSHA G. RIVERNIDER

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

9246 DELEMAR CT

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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

MARSHA G. RIVERNIDER

REGISTERED AGENT MUST SIGN

Date

3-8-06

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.	MARSHA G. RIVERNIDER	9246 DELEMAR CT	WELLINGTON, FL 33414
V.P.	THERESA R. RIVERNIDER	6165 HOLLY LANE	LANTANA, FL 33462

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 contained in Chapter 119, 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:

MARSHA G. RIVERNIDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/8/06

Daytime Phone #

561-315-2487