

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 22 PM 12:21

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 357050

1. Corporation Name

PAYBANK CORP

2. Principal Office Address

3129 W HALL BCH BLVD

Suite, Apt. #, etc.

#107

City & State

PEMBROKE PARK FLA

Zip

Country

33009 USA

3. Mailing Office Address

3129 W HALL BCH BLVD

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 86-05

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/69

5. FEI Number

59-0855125

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

DAVID HARRIS

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

4921 N 36th CT

Suite, Apt. #, Etc.

City

HTXWD FLA

State

FL

Zip Code

33021

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

Date

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
D	DAVID HARRIS	4921 N 36th CT	HTXWD FL 33021
P	DAVID HARRIS	4921 N 36th CT	HTXWD FL 33021
D	ZELDA SILVER	3600 YACHT CLUB DR	AVENTURA FL 33180

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID J HARRIS President 954-966-6730

Date

Daytime Phone #

17123

212-

I.V. and Pulmonary Prescription Providers, Inc.

3129 W. Hallandale Beach Blvd., Suite 106
Pembroke Park, Florida 33009
Brow. (954) 964-9783 • (954) 964-9784 • 1-800-749-9330

DECEMBER 14, 2005

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

GENTLEMEN:

WE RECEIVED YOUR NOTICE WITH REFERENCE TO OUR CORPORATION BEING
TERMINATED.

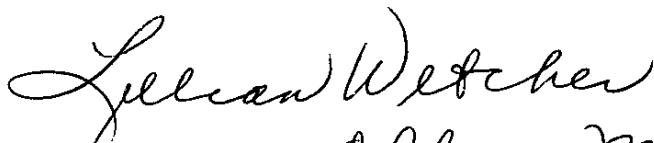
AS PER THE INSTRUCTIONS OF YOUR EXAMINER WE ARE SUBMITTING A
CHECK IN THE AMOUNT OF \$2427.50.

WE NEVER RECEIVED NOTICES BECAUSE OF A CHANGE OF ADDRESS
IN 1986.

WE ARE ASKING YOU TO REMOVE THE PENALTY OF \$600.00, DUE TO
THE FACT THAT WE NEVER RECEIVED OUR MAIL.

THANK YOU.

YOURS TRULY,


LILLIAN WETCHER *Office Manager*