

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

02 MAR 29 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **688291**

**1. Corporation Name**

Ivyridge of Florida, Inc.

**2. Principal Office Address**

3553 NW 50th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33142

Country

Dade

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2001-2002

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

**5. FEI Number**

23-2157253

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

CT Corporation

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

1200 S. Pine Island

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**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

**PETER F. SOUZA**  
**ASSISTANT SECRETARY**

REGISTERED AGENT MUST SIGN

Date

3/28/02

**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
Pres	Arthur H. Kaplan	200 South Broad St	Philadelphia, PA 19102
Sec	Carol Vitale	200 South Broad Street	Philadelphia, PA 19102

**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

3/25/2002

Date

215-790-0374

Daytime Phone #

CR2E081 (9/01)

**CT CORPORATION**

CORPORATION(S) NAME

Ivyridge of Florida, Inc.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal   | <input type="checkbox"/> Mark               |
|  | <input checked="" type="checkbox"/> Reinstatement |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report            | <input type="checkbox"/> Other              |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration        | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name          | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies              | <input checked="" type="checkbox"/> CUS     |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem          | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait                | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail-Out            |   |   |

Name \_\_\_\_\_ 3/29/02 Order#: 5238208

Availability \_\_\_\_\_

Document \_\_\_\_\_

Examiner \_\_\_\_\_ Ref#: \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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Fax 850 222 7615