

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 MAY -6 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769664

1. Corporation Name

MODERN HEALTH CARE RESOURCES, INC.

Principal Place of Business

2100 E HALLANDALE BCH BLVD
SUITE 120
HALLANDALE FL 33009
US

Mailing Address

2100 E HALLANDALE BCH BLVD
SUITE 120
HALLANDALE FL 33009
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1983

5. FEI Number

59-2436595

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	LAWN, HOWARD M.	9001 COLLINS AVENUE	BAL HARBOUR FL
T D	GOLDSTEIN, SHARON B	1201 SW 103RD AVE 2903 NW 23 Ct.	PEMBROKE PINES FL Boca Raton, FL
D	PARKINSON, ANTHONY J	1115 S.E. 6TH STREET	FT. LAUDERDALE FL
D	GULLMAN, JOHN D	4911 N.W. 84TH AVENUE	LAUDERHILL FL
VS D	STARRETT, LOYD M.	23 GRANITE STREET	ROCKPORT MA

8. Name and Address of Current Registered Agent

GOLDSTEIN, SHARON B.
2100 E HALLANDALE BCH BLVD
STE 101
HALLANDALE FL 33009

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

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.

Signature of
Registered Agent

Sharon Goldstein
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

5/1/02

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:

Sharon Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sharon Goldstein

5/1/02
Date

(954) 457-8787
Daytime Phone #

CR2040 (8/00)