

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G16954**

1. Corporation Name
Lauderdale Medical Services, Inc.

2. Principal Office Address
3076 N.E. 12th Terrace
Suite, Apt. #, etc.

3. Mailing Office Address
3076 N.E. 12th Terrace
Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL
Zip
33334
Country
Broward

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4. Date Incorporated or Qualified
To Do Business in Florida **12/30/82**
5. FEI Number
59-2252314
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
Warren Schwartz
Street Address (P.O. Box Number is Not Acceptable)
3076 N.E. 12th Terrace
Suite, Apt. #, Etc.
City
Fort Lauderdale
State
FL
Zip Code
33334

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 **[Signature]** Date **6/5/2000**
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
PST	Warren Schwartz	3076 N.E. 12th Terrace	Fort Lauderdale, FL33334

REINSTATEMENT 89-00
MR. MILLIGAN JUN 19 2000

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]** Date **6/5/2000** Daytime Phone # **954 565-5477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR