

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 OCT 25 AM 8:01

DOCUMENT # H25157

1. Corporation Name

BOULEVARD RADIATOR HOSPITAL, INC.

Principal Place of Business

% HARVEY BERNSTEIN  
6740 PINES BLVD.  
PEMBROKE PINES FL 33024-7544

Mailing Address

% HARVEY BERNSTEIN  
6740 PINES BLVD.  
PEMBROKE PINES FL 33024-7544



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2504065

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	BERNSTEIN, BARBARA	6740 PINES BLVD.	PEMBROKE PINES FL
D	BERNSTEIN, RICK	6740 PINES BLVD.	PEMBROKE PINES FL

700008579567  
10/24/02--01106--006 \*\*150.00

8. Name and Address of Current Registered Agent

BERNSTEIN, RICK  
6740 PINES BLVD  
PEMBROKE PINES FL 33024

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02 954-981-5500

CR2040 (8/02)

2

*Bvd. Radiator Hospital*  
6740 Pines Blvd. Pembroke Pines, FL 33024 954-981-5500

Monday, October 21, 2002

DIVISION OF CORPORATIONS  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom it may Concern,

Enclosed is a check for \$150.00. As per my conversation with someone in your office, we never received any renewal in the mail for this year. This is for:

**Boulevard Radiator Hospital, Inc.**

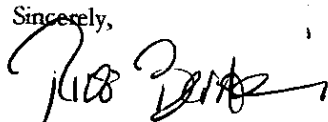
**6740 Pines Blvd.**

**Pembroke Pines, FL 33024**

**FEI # 59-2504065 Document # H25157**

Thank you for processing this as soon as possible.

Sincerely,



Rick Bernstein