PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -1 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H79656

1. Corporation Name

VALCOURT FRAGE, M.D., P.A.

Principal Place of Business / Mailing Address

128 N. FLAGLER AVENUE
POMPANO BEACH, FLORIDA 33060

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

REINSTATEMENT 87-96

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
126 N. FLAGLER AVENUE
Suite, Apt. #, etc.
City & State: POMPANO BEACH, FLORIDA
Zip: 33060 Country: broward

3. New Mailing Address, If Applicable
SAME AS 2
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/01/85

5. FEI Number: 59-2595913 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.T.S.	VALCOURT FRAGE	1260 N.W. 78th TERRACE	PLANTATION, FL 33322
			800001998258--8 -11/07/96--01002--013 ***1481.25 ***1481.25
			11-5-96

8. Name and Address of Current Registered Agent

JOEL R. LAVENDER
507 S.E. 11th COURT
FORT LAUDERDALE, FLORIDA 33316

9. Name and Address of New Registered Agent

Name: VALCOURT FRAGE, M.D.
Street Address (P.O. Box Number is Not Acceptable): 126 N. FLAGLER AVENUE
Suite, Apt. #, Etc.
City: POMPANO BEACH State: FL Zip Code: 33060

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: Valcourt Frage
REGISTERED AGENT MUST SIGN
Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

VALCOURT FRAGE

SIGNATURE: Valcourt Frage Pres — 10/18/96 — (954) 786-0691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)