

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

Page 1 of 2

FILED

96 DEC 18 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J31090

1. Corporation Name

NORTH FEDERAL MANAGEMENT, INC.

Principal Place of Business
1800 North Federal Highway
Pompano Beach, FL 33062

Mailing Address

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

59-2715039

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒ \$87.50 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	Daniel Rothman, M.D.	220 N. Compass Drive	Ft. Lauderdale, FL
AS	Deborah D. Skipper	1201 Hays Street	Tallahassee, FL 32301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

	Name
	CORPORATION SERVICE COMPANY
	Street Address (P.O. Box Number is Not Acceptable)
	1201 Hays Street
	Suite, Apt. #, Etc.
	City
	Tallahassee
	State
	FL
	Zip Code
	32301

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

Deborah D. Skipper

Date December 18, 1996

REGISTERED AGENT MUST SIGN Deborah D. Skipper

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.

SIGNATURE:

Deborah D. Skipper

Deborah D. Skipper, Asst. Secretary

Dec. 18, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25040 (12/95)

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

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ACCOUNT NO. : 072100000032

REFERENCE : 193150 5642A

AUTHORIZATION : *Patricia Pizzuto*

COST LIMIT : \$ 383.75

FILED
96 DEC 18 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 18, 1996

ORDER TIME : 1:35 PM

ORDER NO. : 193150-005

CUSTOMER NO: 5642A

100002033251--5

CUSTOMER: Ms. Patti Cote,
Goldberg Young & Gravenhorst,
1630 N. Federal Highway

Fort Lauderdale, FL 33305

DOMESTIC FILINGS

FILE FIRST

NAME: NORTH FEDERAL MANAGEMENT, INC.

XX REINSTATEMENT

RECEIVED
96 DEC 18 PM 3:23
DIVISION OF CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS mwb