

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 96-97  
REINSTATEMENT



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

DOCUMENT #

1. Corporation Name

DBE HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

13601 CARLTON DR.  
DAVIE, FL. 33330

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

2. New Principal Office Address, If Applicable

13601 CARLTON DR.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

DAVIE FL.  
33330 BROWARD

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

JUNE 22, 1987

5. FEI Number

59-2825820

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$0.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	RICHARD ENGLISH, MD	13601 CARLTON DR.	DAVIE, FL. 33330

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-09/10/87-01122-003

\*\*\*\*923.75 \*\*\*\*923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICHARD ENGLISH, MD  
NAME SAME  
STREET ADDRESS (P.O. Box Number is Not Acceptable) 13601 CARLTON DRIVE  
SUITE, APT. #, ETC.  
CITY DAVIE, FL 33330

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

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/20/97 (305) 6519988

CR2000 (12/96)