

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 19 AM 11:34

DOCUMENT # L 01000005871

1. Corporation Name TOTAL PAIN CARE-POMPANO LLC

2. Principal Office Address

440 E. Sample Road

Suite, Apt. #, etc.

#101

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

3. Mailing Office Address

440 E. Sample Road

Suite, Apt. #, etc.

#101

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 17 2001

5. FEI Number

65-1095555

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

ADEL KALLINI

Street Address (P.O. Box Number is Not Acceptable)

440 E. Sample Road

Suite, Apt. #, Etc.

#101

City

POMPANO BEACH

State

FL

Zip Code

33064

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]

REGISTERED AGENT MUST SIGN

Date 01-14-05

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
<u>Pres</u>	<u>ADEL KALLINI</u>	<u>440 E. Sample Road</u>	<u>POMPANO BEACH, FL 33064</u>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01-14-05

Daytime Phone #

561-362-7701

CR2E061 (01/05)