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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB -2 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 08627

1. Corporation Name

ARTHRITIS CONSULTING SERVICES,
INC.

2. Principal Office Address

2787 E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

204

City & State

FT LAUDERDALE, FL

Zip

33306

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

1

Zip

Country

REINSTATEMENT

95-05
MIR

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

650138012

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

DONNA K PINORSKY

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

2107 NE 17TH AVE

Suite, Apt. #, Etc.

City

WILTON

MANORS

State

FL

Zip Code

33305

700046708767
02/16/05--01050--014 **1715.00

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

Donna K Pinorsky
REGISTERED AGENT MUST SIGN

Date

1-31-05

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>D, P</u>	<u>DONNA K PINORSKY</u>	<u>2107 NE 17TH AVE</u>	<u>WILTON MANORS 33305</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:

Donna K Pinorsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-05

Date

954739-3202

Daytime Phone #

CR2E081 (01/05)

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**Klein &
Fortune, P.A.**

Ronald G. Klein, Esq.
Melody G. Fortune, Esq.

Of Counsel
Jerome H. Calica, Esq.

ATTORNEYS AT LAW

Broward 954-986-8822
Miami-Dade 305-891-6100
Facsimile 305-891-6104
Facsimile 954-986-7919

January 31, 2005

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32301

Re: Re-Instatment- Arthritis Consulting Services, Inc. Document Number L08627

Dear Sir:

With regards to the above captioned matter enclosed please find Corporation Reinstatement Certificate, together with a check in the amount of \$1,765.00 to reinstate the company.

My client hereby requests that you waive all penalties and late fees as she did not receive her Annual Report in 1995.

If you have any questions please do not hesitate to call.

Sincerely,

Klein and Fortune, P.A.

By: 

Ronald G. Klein, for the firm

Read, Agreed, and Confirmed In All Respects


Donna Pinorsky

enclosure(s)