

AUG-10-99 FRI 2:04 PM

FAX NO. 954 938 2506

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88/89/99 10:34 P.01

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 AUG -4 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1173145

Corporate Name
ALPHA MEDICAL PROPERTY, INC.

Principal Office Address
1543 RACQUET CLUB DRIVE
LAUDERHILL, FL 33319

Additional addresses, if any, may be provided through changes to the original certificate below

1. Name, Address, City, State, and Zip of each additional office

2. Name, Address, City, State, and Zip of each additional office

3. Date incorporated or changed
to the Secretary of State 3/22/88

4. Filing Number
65-0152924

5. Certificate of State Seal

7. Names and Street Addresses of Each Officer and Director (For all corporations, there must be at least 3 officers)

Name	Street Address of Each Officer and Director	City/State/Zip
PRES SALOMON MARIARI	1543 RACQUET CLUB DR	LAUDERHILL, FL 33319

000002964930-8
08/10/99 01086--010
****908.75 ****908.75

STATEMENT 98-99

76

8. Name and Address of Current Registered Agent

SALOMON MARIARI
10208 NW 24 PL.
Blg. 203 Apt. 105
Sunrise, FL 33322

9. Name and Address of New Registered Agent

Name and Address of New Registered Agent

City/State/Zip

City/State/Zip

City/State/Zip

10. I, the undersigned, being the duly authorized agent of the corporation, do hereby accept the obligations of the Secretary of State

Signature of Agent
SALOMON MARIARI
REGISTERED AGENT MUST SIGN

06-28-1999

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

Check above only for change of agent on filing for 1

12. I, the undersigned, being the duly authorized agent of the corporation, do hereby accept the obligations of the Secretary of State

SIGNATURE:

SALOMON MARIARI
SECRETARY AND TYPE OR PRINTED NAME OF SECRETARY OF CORPORATION