

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JAN 27 AM 11:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N10409**

1. Corporation Name

PALM BEACH COUNTY SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS, INC.

Principal Place of Business

Mailing Address

5258 LINTO BLVD
303
DELRAY BCH FL 33484
US

5258 LINTO BLVD
304
DELRAY BCH FL 33484
US



REINSTATEMENT

aw 96

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/24/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2560346

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

33484

USA

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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)

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
DPS	ROSENBERG, GARY	5258 LINTON BLVD	DELRAY BCH FL
DVP	RASMUSSEN, JANA	2121 N FLAGLER DRIVE	W PALM BCH FL
DT	GUILOFF, ARTURO	9123 N MILITARY TR 208	PALM BCH GDS FL
D	STEIN, JEFFREY	1500 N DIXIE HWY. #304	WEST PALM BEACH FL
DT	SHAW, KEVIN E	899 MEADOWS RD., STE. 301	BOCA RATON FL
DPS	BARR, FREDRIC	STE#5800, 1411 N. FLAGLER DRIVE, WEST PALM BCH FL	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HCRM CORP., % JOSEPH R. COOK, ESQ.
HUNT, COOK, RIGGS & MEHR, P.A.
2200 CORPORATE BLVD., N.W., NO. 401
BOCA RATON FL 33431

Name

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

Suite, Apt. #, Etc.

City

500002070615-1

-01/28/97--01116--002

****236-25 ****236-25

State

Zip Code

FL

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

[Signature] VP

REGISTERED AGENT MUST SIGN

Date

12/24/96

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

[Signature] K. Shaw m.s.
Treasurer

Date

12/18/96

Daytime Phone #

561-3383537