

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 NOV 10 PM 2:27

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

899 MEADOWS ROAD
#301
BOCA RATON FL 33486
US



REINSTATEMENT (97)

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

DR. FRED BARR
Suite, Apt. #, etc.
1411 N. FLAGLER DR.
City & State
SUITE 5800, WPB, FL
Zip
33401
Country

DR. FRED BARR
Suite, Apt. #, etc.
1411 N. FLAGLER DR., STE 5800
City & State
WPB FL
Zip
33401
Country

4. Date Incorporated or Qualified To Do Business in Florida

07/24/1985

5. FEI Number

59-2560346

Applied For

Not Applicable

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)

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
DPS	ROSENBERG, GARY	5258 LINTON BLVD	DELRAY BCH FL
DVP	RASMUSSEN, JANA	2121 N FLAGLER DRIVE	W PALM BCH FL
DT	GUILLOFF, 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	1411 N FLAGLER DRIVE, STE 5800	WEST PALM BEACH 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 Keusch, CRISTINA MD
Street Address (P.O. Box Number Is Not Acceptable)
950 GUADES RD #3
Suite, Apt. #, Etc.
BOCA RATON
City
State FL
Zip Code 33431

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

C. F. Barr

REGISTERED AGENT MUST SIGN

Date 11/4/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

C. F. Barr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/97 (561) 3689455
Date Daytime Phone #

CR2E040 (8/97)