

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 26 PM 2:53

DEPT OF STATE
ALACHUA, FLORIDA

300181379813
05/26/10--01021--008 **236.25

**M. MILLIGAN
EXAMINER**

MAY 26 2010

CR2E081 (4/10)

DOCUMENT # N39054

1. Corporation Name

Palm Medical Group, Inc

2. Principal Office Address - No P.O. Box #

7240 SW 58 Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

Country

33143

USA.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/11/1990

5. FEI Number

650305028

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

MANUEL E. IGLESIA

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

7240 SW 58 St.

Suite, Apt. #, Etc.

MIAMI

City

MIAMI

State

FL

Zip Code

33143

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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 MAY 25, 2010

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
C/O	Carl Rosenkrantz	5352 Linton Blvd	DELRAY BEACH, FL 33484
D	Alan Schneider	5601 North Dixie Hwy	FT. LAUDERDALE, FL 33169
D	Stephen Kotzen	16800 NW 2AVE, #202	N. Miami Beach, FL 33169
D	Alan M. Spilbert	952A NE 2ND AVENUE	Miami, FL 33138
D	Mitchelle Goldstein	9900 Sandpoint Blvd #1	Boca Raton, FL 33423
S	Manuel E. Iglesias	7240 SW 58 St	Miami, FL 33143

10. E-mail Address: Mcastillo@Palmednet.org

(To be used for future annual report notification)

11. 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. I further certify, 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

MAY 25, 2010

Date

786 247 0227

Daytime Phone #