

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

22 MAY -4 PM 2:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N94000005793

1. Corporation Name

PROFNET OF VERO BEACH, INC.

Principal Place of Business

Mailing Address

3365 OCEAN DRIVE
 VERO BEACH FL 32963

3365 OCEAN DRIVE
 VERO BEACH FL 32963



REINSTATEMENT

9899
 ad

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/21/1994	
City & State		City & State		5. FEI Number	
Zip		Country		59-3283760	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	DAWSON, BUDDY	1622 91ST CT	VERO BEACH FL 32966
VP	EVANS, KEVIN D	958 20TH PLACE	VERO BEACH FL 32961
T	ROSS, DAVID S	3365 OCEAN DRIVE	VERO BEACH FL 32963
S	OBERLINK, KEVIN A	5727 20TH STREET	VERO BEACH FL 32966
D	BANOC, AMY	P.O. BOX 3628 N/A	VERO BEACH FL 32964
D	GIFFORD, CHARLES	2331 VERO BEACH, FL	VERO BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSS, DAVID S 3365 OCEAN DRIVE VERO BEACH FL 32963	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City

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

David S. Ross

REGISTERED AGENT MUST SIGN

Date

4/29/99

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:

David S. Ross

David S. Ross

4/29/99

561 231 7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #