

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

98 DEC 10 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001411

1. Corporation Name

Phoenix Clinic, Inc

Principal Place of Business

Mailing Address

757 N.E. 126 Street
N. MIAMI, FL 33161

900002710389--S

-12/11/98--01088--009

***245.00 ***245.00

REINSTATEMENT

98

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

3/14/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0650818

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	2	3	4
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
P	BONNIE GRAHAM	3225 HARRISON ST.	HOLLYWOOD, FL 33021
D	JEANNETTE CARR	450 N.E. 127 ST.	N. MIAMI, FL 33161
D	DR EVAN ZIMMER	323 PALM BLVD	WESTON, FL 33326
D	TOM SCHNEIDERS	5519 LAKE SHORE VILLAGE CIR.	LAKE WORTH, FL 33463
D	DR. MANUEL SUAREZ	12995 N.E. 7TH AVE	N. MIAMI, FL 33161
D	WILLARD RANCLIFFE	1690 N.E. 144 ST.	N. MIAMI, FL 33161

8. Name and Address of Current Registered Agent

CHARLES JEWETT
2435 HOLLYWOOD BLVD #204
HOLLYWOOD, FL 33020

9. Name and Address of New Registered Agent

Name FRANK WOLLAND
Street Address (P.O. Box Number is Not Acceptable)
12865 W. DIXIE HIGHWAY
Suite, Apt. #, Etc.
City N. MIAMI, State FL Zip Code 33161

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

REGISTERED AGENT MUST SIGN

Date 12/8/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/8/98 305-891-3439