

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 19 AM 10:18

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

757 N.E. 126 STREET  
N. MIAMI FL 33161

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

Suite, Apt. #, etc.  
**12907 NE 7th AVE**

Suite, Apt. #, etc.  
**12907 NE 7th AVE**

City & State  
**N. Miami, FL**

City & State  
**N. Miami, FL**

Zip  
**33161**

Country  
**Dade**

Zip  
**33161**

Country  
**Dade**

REINSTATEMENT **99**

4. Date Incorporated or Qualified To Do Business in Florida

**03/08/1996**

5. FEI Number

**65-0650818**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GRAHAM, BONNIE	12907 NE 7TH AVE.	N. MIAMI FL 33161
D	ZIMMER, EVAN DR	323 PALM BLVD	WESTON FL 33326
D	SCHNEIDERS, TOM	5519 LAKE SHORE VILLAGE CIR.	LAKE WORTH FL 33463
D	SUAREZ, MANUEL DR	12995 N.E. 7TH AVE	N. MIAMI FL 33161 <b>LS</b>
D	CARR, JEANETTE	450 N.E. 27TH ST.	NORTH MIAMI FL 33161
D	<del>RADCLIFFE, WILLARD</del>	<del>1690 N.E. 144 ST.</del>	<del>NORTH MIAMI FL 33161</del>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOLLAND, FRANK  
12865 W. DIXIE HIGHWAY  
N. MIAMI FL 33161

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**300003028319--7**  
Suite, Apt. #, Etc.  
**-10/28/99-01072-011**  
City  
**\*\*\*236.25** State **FL** Zip Code **\*\*\*236.25**

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]*

REGISTERED AGENT MUST SIGN

Date **10-15-99**

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 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]*

**10-15-99**

Date Daytime Phone #

0922300 (9/99)