

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVAL
AND
FILED

DOCUMENT # **N96000001411**

1. Corporation Name

PHOENIX CLINIC INC.

03 OCT 13 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003

200023758612
10/13/03--01085--009 **236.25

Principal Place of Business

Mailing Address

12907 N.E. 7TH AVENUE
N. MIAMI FL 33161

12907 N.E. 7TH AVENUE
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

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1996

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	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	12905 N.E. 7TH AVE	N. MIAMI FL 33161
D	CARR, JEANETTE	450 N.E. 27TH ST.	NORTH MIAMI FL 33161
D/T	MORROW, EDWARD	3355 ASHWOOD CT.	TARPON SPRINGS, FL 34688

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name **EDWARD MORROW**

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

3355 ASHWOOD COURT

Suite, Apt. #, Etc.

City

TARPON SPRINGS

State

FL

Zip Code

34688

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/10/2003**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/2003

Date

(727) 939-2261

Daytime Phone #

CR2E040 (7/03)