

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 MAY -6 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MIZNER PARK MANAGED CARE, INC

000 000082983

2. Principal Office Address

1365 SW 14TH ST
BOCA RATON, FL 33486

3. Mailing Office Address

1365 SW 14TH ST
BOCA RATON, FL 33486

200005556102--9

-05/17/02--01006--021

****300.00 ****300.00

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33486

Country

USA

Zip

33486

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/11/2000

5. FEI Number

65-1036508

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

JOHN P. MILLER

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

2499 GLADES ROAD - STE 305A

Suite, Apt. #, Etc.

305A

City

BOCA RATON, FL

State
FL

Zip Code

33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 607.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/24/02

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
PD	HENRY, ANGELA	1365 SW 14 TH ST	BOCA RATON, FL 33486

10. 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:

ANGELA HENRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

501-391-3694

Date

Daytime Phone #

4/23/02

CR2E081 (9/01)

Mizner Park Managed Care, Inc.

1365 SW 14 Street ~ Boca Raton ~ Florida, 33486
Phone 561-391-3694 ~ Fax 561-391-0773 ~ Email athjcklp@aol.com

May 02, 2002

Fla. Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

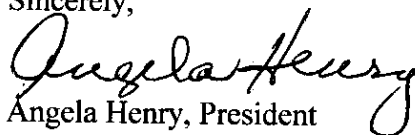
RE: CORPORATION REINSTATEMENT

To Whom it may concern;

Enclosed please find my check for the amount of \$300.00 for Corporate reinstatement for the past 2 years. I did not receive the form notification necessary to complete this previously. Hopefully, I will receive the future notification so that I may continue doing business under my corporation, as stated.

Thank you, for your assistance regarding this matter. Should you need further information or have further requirements, please notify me of the same.

Sincerely,


Angela Henry, President



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 3, 2002

MIZNER PARK MANAGED CARE, INC.
1365 S.W. 14TH STREET
BOCA RATON, FL 33486

SUBJECT: MIZNER PARK MANAGED CARE, INC.
Ref. Number: P00000082983

Pursuant to our telephone conversation of April 3, 2002, I am enclosing a blank reinstatement application.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 102A00019583