

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 24 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000083641

1. Corporation Name

ADVANCED PATIENT FINANCING INC.

2. Principal Office Address

2400 E. LAS OLAS

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

392

Suite, Apt. #, etc.

11

City & State

FT. LAUDERDALE FL

City & State

11

Zip

33301

Country

USA

Zip

11

Country

11

4. Date Incorporated or Qualified
To Do Business in Florida

8/30/2000

5. FEI Number

651140421

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

A. FRANK DESIMONE

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

2400 E. LAS OLAS BLVD

Suite, Apt. #, Etc.

#392

City

FT. LAUDERDALE

State

FL

Zip Code

33301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

A. Frank Desimone

REGISTERED AGENT MUST SIGN

Date 2/20/03

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 |
|--------|--------------------------------------|---|-----------------------------|
| P./VP. | A. FRANK DESIMONE | 2400 E. LAS OLAS BLVD #392 | FT. LAUDERDALE/FL/ 33301 |
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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:

A. Frank Desimone A. FRANK DESIMONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/03 (954) 564-6788

Daytime Phone #