

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT 16 AM 8:41

DOCUMENT # P00000094729

1. Corporation Name

PHYSICIAN'S LICENSE CONSULTING SERVICE

2. Principal Office Address - No P.O. Box #

1331 east lafayette street

3. Mailing Office Address

same

Suite, Apt. #, etc.

suite d

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32301

Country

Zip

Country

800161832308

10/16/09-01237-006 \*\*300.00  
CR22081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/2000

5. FEI Number  
74-3114634

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

Michele Bertoldi

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

1331 east lafayette street

Suite, Apt. #, Etc.

suite d

City

Tallahassee

State

FL

Zip Code

32301

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Michele Bertoldi*

REGISTERED AGENT MUST SIGN

Date 10/14/09

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| O/D    | Michele Bertoldi                     | 1331 east lafayette street, suite d               | Tallahassee, FL 32301 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

REINSTATEMENT 08-09 KS

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 contained in Chapter 119, 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:

*Michele Bertoldi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/09

Date

(850) 942-0080

Daytime Phone #