

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -6 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023037

1. Corporation Name

Florida Keys Health Center, Inc.

2. Principal Office Address

7280 West Palmetto Park Road

Suite, Apt. #, etc.

Suite 205

City & State

Boca Raton, Florida

Zip

33433

Country

USA

3. Mailing Office Address

7280 West Palmetto Park Road

Suite, Apt. #, etc.

Suite 205

City & State

Boca Raton, Florida

Zip

33433

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

March 6, 2001

5. FEI Number

65-1081501

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

FRED POWELL

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

23445 RIO DEL MAR DRIVE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33433

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

*Fred Powell*

REGISTERED AGENT MUST SIGN

Date 11-13-02

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
D	Fred Powell, M.D.	7280 West Palmetto Park Rd., Suite 205	Boca Raton, Florida 33433

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:

*Fred Powell, MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-02

Date

561-447-7047

Daytime Phone #

CR2E081 (9/01)

LAW OFFICES

**RAPPEL & RAPPEL**  
A PROFESSIONAL ASSOCIATION

OAK POINT PROFESSIONAL CENTER  
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5070 HIGHWAY A1A, NORTH  
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\* OF COUNSEL

SUNTRUST TOWER  
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100 RIALTO PLACE  
MELBOURNE, FLORIDA 32901  
TELEPHONE 321.956.0950

Reply to Vero Beach

November 12, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement of  
**FLORIDA KEYS HEALTH CENTER, INC.**  
Document #: P01000023037

To whom it may concern:

Please be advised that the law firm of Rappel & Rappel, P.A. (the "Firm") represents Florida Keys Health Center, Inc. (hereafter referred to as "Corporation") in the above referenced matter.

The Corporation did not receive their annual Uniform Business Report ("UBR") for filing, due to an address change as indicated on the enclosed updated UBR, which resulted in administrative dissolution. In order to be reinstated, we are enclosing the Corporation Reinstatement form, along with a check in the amount of \$150.00.

We thank you for your immediate attention in this matter. Should you have any questions in regard to the above, please contact me at your convenience.

Very truly yours,

**RAPPEL & RAPPEL**  
A Professional Association

ROBERT RAPPEL, D.O., ESQ.  
For the Firm

DRR/jrr  
Enclosure  
cc: Florida Keys Health Center, Inc.

s:\clients\powell\correspondence\letter to secretary of state re reinstatement sending ubr.doc