

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 13 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

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01/13/03--01104--004 **900.00

DOCUMENT # P01000049925

1. Corporation Name

North Miami Pain and Rehabilitation Center, Inc.

2. Principal Office Address

17230 West Dixie Highway

Suite, Apt. #, etc.

City & State

North Miami Beach, Florida

Zip

33160

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

Country

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

May 18, 2001

5. FEI Number

65-1113560

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

Mark L. Pomeranz

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

12955 Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 202

City

North Miami

State
FL

Zip Code
33181

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

REGISTERED AGENT MUST SIGN

Date January 8, 2003

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	Eileen Dvorkin	17230 West Dixie Highway	North Miami Beach, FL 33160

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03

Date

Daytime Phone #