

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000106314

1. Corporation Name

DOCTOR DETAIL, INC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

5879 AZELEA CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX # 7162

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

LAKE WORTH FL

Zip

33415

Country

PALM BEACH

Zip

33466

Country

PALM BEACH

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

11/02/01

5. FEI Number

65-1153041

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

BRINOLFO MALDONADO

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

5879 AZELEA CIRCLE

Suite, Apt. #, Etc.

600039959456
08/03/04--01004--004 **458 75

City

WEST PALM BEACH

State

FL

Zip Code

33415

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

Date

REGISTERED AGENT MUST SIGN

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/S/D	Brinolfo Maldonado	5879 AZELEA CIRCLE	WEST PALM BEACH FL 33415

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: Brinolfo Maldonado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/28/04 (954) 444-1889

Date

Cel

Daytime Phone #