

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 12 AM 11:38

PLANTATION, FLORIDA

DOCUMENT # **020000001819**

1. Corporation Name

PLANTATION MEDICAL CLINIC P.A.

2. Principal Office Address

100 NW 82nd Avenue

Suite, Apt. #, etc.

Suite 206

City & State

Plantation FL

Zip

33324

Country

3. Mailing Office Address

100 N.W. 82nd Ave

Suite, Apt. #, etc.

Suite 206

City & State

Plantation, FL

Zip

33323

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/3/2002

5. FEI Number

40-0000477

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

Clifford B. Ain A.G. Associates

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

20764 West Dixie Hwy.

Suite, Apt. #, Etc.

City

Aventura

State

FL

Zip Code

33180-1146

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

Clifford B. Ain

REGISTERED AGENT MUST SIGN

Date

6/29/05

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 | Peter Simek | 100 NW 82nd Ave Ste 206 | Plantation FL 33324 |
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REINSTATEMENT 03-05

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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: **Peter Simek**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/2005 (954) **424-7504**
Date Daytime Phone #

M. Williams AUG 12 2005