

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000012834

1. Corporation Name

PARADIGM MEDICAL MANAGEMENT, INC.

REINSTATEMENT 03-04

2. Principal Office Address

800 DOUGLAS ROAD

Suite, Apt. #, etc.

NORTH TOWER SUITE 450

City & State

CORAL GABLES, FL

Zip 33134

Country

USA

3. Mailing Office Address

800 DOUGLAS ROAD

Suite, Apt. #, etc.

NORTH TOWER SUITE 450

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

600028743316

02/13/04--01044--014 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/2002

5. FEI Number

01-0593072

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

JOSEPH F. ROSEN

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

800 DOUGLAS ROAD

Suite, Apt. #, Etc.

NORTH TOWER SUITE 450

City

CORAL GABLES

State

FL

Zip Code

33134

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

Joseph F. Rosen, RA
REGISTERED AGENT MUST SIGN

Date

2/5/04

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	BARRY W. LEVITT	13740 SW 104 AVE	MIAMI, FL, 33176
D	STEVEN SPINNER	1031 CORALINA LANE	DEERAY BEACH, FL 33483
D	BLAKE RANE	14290 FLORA LANE	WELLINGTON, FL 33414

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:

Barry W. Levitt, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/04 305-607-7584

Daytime Phone #

CR2001 (01/04)