

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000041234**

1. Corporation Name

PROCARE HEALTH CENTER, INC.

Principal Place of Business

Mailing Address

~~18260 NE 19TH AVE~~
~~SUITE 103~~
~~NORTH MIAMI BEACH FL 33102~~

~~18260 NE 19TH AVE~~
~~SUITE 103~~
~~NORTH MIAMI BEACH FL 33102~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

100 NW 170th Street

100 NW 170th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 405

Suite 405

City & State

City & State

North Miami Beach, FL

North Miami Beach, FL

Zip

Zip

33169

Country

USA

33169

Country

USA



REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/2002

5. FEI Number

71-0877532

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LUBETSKY, RONALD S	5401 COLLINS AVE. #1125 19728 E. Country Club Dr.	MIAMI BEACH FL 33140 Aventura, FL 33180

100023923961
10/20/03 01006 027 **150.00

Pro/22

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Ronald S. Lubetsky

REGISTERED AGENT MUST SIGN

Date **Oct. 15, 2003**

11. 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:

Ronald S. Lubetsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 15, 2003
Date

(305) 654-5440
Daytime Phone #

CR2ED40 (7/03)

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6427

October 15, 2003

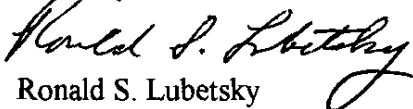
To Whom It May Concern:

I am the President of ProCare Health Center, Inc. My office was previously located at 18260 N.E. 19th Avenue, Suite 103, North Miami Beach, FL 33162. In May 2003 my office moved to 100 NW 170th Street, Suite 405, North Miami Beach, FL 33169. Even though I arranged for mail forwarding through the U.S. Post Office, I never received any uniform business report (UBR) notices from the Division of Corporations at my new address. Therefore, I have not filed a UBR until now.

Please make a note of my new address (which was already acknowledged on the reinstatement application).

I am enclosing the \$150.00 UBR annual fee, along with the completed reinstatement application.

Sincerely,



Ronald S. Lubetsky
President, ProCare Health Center

Enclosures