

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV 13 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT ⁰³



700024644217

11/13/03 01658 031 **750.00

DOCUMENT # P02000061799

1. Corporation Name

ACCIDENT INJURY AND FAMILY HEALTH CARE, INC.

Principal Place of Business

Mailing Address

~~2584 NE MIAMI GARDENS DR.~~
~~N. MIAMI BCH FL 33180~~

~~2584 NE MIAMI GARDENS DR.~~
~~N. MIAMI BCH FL 33180~~

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

2. New Principal Office Address, If Applicable

17230 W. DIXIE HWY

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

Zip

33160

Country

MIAMI DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/2002

5. FEI Number

04-3691393

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
D	DVORKIN, EILEEN	2584 NE MIAMI GARDENS DR. 17230 W. DIXIE HWY	N. MIAMI BCH FL 33180 N. MIAMI BEACH, FL 33160

8. Name and Address of Current Registered Agent

DVORKIN, EILEEN

~~2584 NE MIAMI GARDENS DR.~~
~~N. MIAMI BCH FL 33180~~

17230 W. DIXIE HWY
N. MIAMI BEACH, FL
33160

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

REGISTERED AGENT MUST SIGN

Date OCT 31, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

OCT 31, 2003

Daytime Phone #

305.948.9777

CR2E040 (7/03)