

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 19 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000096558**

1. Corporation Name

PAIN MANAGEMENT GROUP OF S. FLORIDA, INC.

Principal Place of Business

Mailing Address

3837 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

3837 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2002

5. FEI Number

02-0641320

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 |
|---------------|---|--|-------------------------|
| P | BONNEAU, DENNIS H | 3837 HOLLYWOOD BLVD | HOLLYWOOD FL 33020 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BONNEAU, DENNIS H
3837 HOLLYWOOD BLVD
HOLLYWOOD FL 33021

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED

Dennis H. Bonneau, 1/11/03 954-986-8770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)

Pain Management Group of S. Florida, Inc.

November 12, 2003

State Of Florida
Department of State

RE: PAIN MANAGEMENT GROUP OF S. FLORIDA, INC.
DOCUMENT # P02000096558

In October, our office was made aware that our accounting firm never filed our 2003 Corporation fees. The accounting firm states that they were moving their office location with many employee changes and for some reason it was overlooked. We are requesting that you waive the reinstatement fee if possible.

Please contact our office at 954-443-8005 if you require further assistance.

Thank you,

A handwritten signature in black ink, appearing to read 'DHB', enclosed within a rectangular box.

Dennis H. Bonneau
President