

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV -3 PM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000104292

1. Corporation Name

DELRAY MOBILE CLINIC INC.

Principal Place of Business

7370 ORIOLE BLVD., STE. 601
DELRAY BEACH FL 33446

Mailing Address

7370 ORIOLE BLVD., STE. 601
DELRAY BEACH FL 33446



REINSTATEMENT 2003

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

56-7302493

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres.	A. SOBERMAN	7370 ORIOLE BLVD #601 DELRAY BEACH FL 33446	

300024380643

11/03/03--01062--030 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOBERMAN, ANDREA

7370 ORIOLE BLVD., STE. 601

DELRAY BEACH FL 33446

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03

CR2E040 (7/03)