


10P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

06 SEP 22 11:30

DOCUMENT # P03000079517

1. Corporation Name
COMPREHENSIVE PRACTICE SYSTEMS INC

REINSTATEMENT
CR2E081 (12/05)

04-06

| | | | |
|--|----------------|----------------------------------|-----------------|
| 2. Principal Office Address 1065 NE 125 St | | 3. Mailing Office Address | |
| Suite, Apt. #, etc. Suite 405 | | Suite, Apt. #, etc. | |
| City & State Miami | | City & State | |
| Zip 33161 | Country USA | Zip | Country DADE |

| | |
|--|---|
| 4. Date Incorporated or Qualified To Do Business in Florida 7/17/03 | |
| 5. FEI Number 20-0117233 | Applied For <input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Name and Address of Current Registered Agent

| | |
|--|-------------------------------------|
| Name MICHAEL GOLDBERG P.A. | |
| Street Address (P.O. Box Number is Not Acceptable) 16855 NE 2ND AVENUE | |
| Suite, Apt. #, Etc. SUITE 303 | |
| City NO MIAMI BEACH | State / Zip Code FL 33162 |

8. I, being appointed 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 Michael Goldberg P.A. CPA **Date** _____

REGISTERED AGENT MUST SIGN

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. | SCOTT SEGAL | 1065 NE 125 St #405 | MIAMI FL 33161 |
| | | | |
| | | | |
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| | | | |
| | | | |

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09/27/06--01048--023 **450.00

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 contained in Chapter 119, 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: SCOTT SEGAL **Date** 9/5/06 **Daytime Phone #** 305-891-0050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEP 22 2006