

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 10 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000033591

1. Corporation Name

PVS OF MIRAMAR, INC.

2. Principal Office Address - No P.O. Box #
5412 Southwest 127th Avenue

3. Mailing Office Address
5412 Southwest 127th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miramar, Florida

City & State
Miramar, Florida

Zip
33027

Country

Zip
33027

Country

REINSTATEMENT 05-07
CR2E081(1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 02/20/2004

5. FEI Number 65-1218103

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Southwest 22nd Street

Suite, Apt. #, Etc
4th Floor

City
Miami

State
FL

Zip Code
33145

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

SPIEGEL & UTRERA, P.A.

Signature of
Registered Agent By: *Natalia Utrera*
Natalia Utrera, Vice President

Date 6-29-07

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
PSTD	Harrinarine, Pamela H.	5412 Southwest 127th Avenue	Miramar, Florida 33027
VD	Harnarine, Harry P.	5412 Southwest 127th Avenue	Miramar, Florida 33027

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07/24/07--01054--027 **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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry P. Harnarine
Harry P. Harnarine

Date

Daytime Phone #

6-29-07