

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 PM 3:51

DOCUMENT # P93000001774

1. Corporation Name

HOSPITAL RESOURCES NETWORK, INC.

Principal Place of Business

4691 N UNIVERSITY DR
SUITE 334
CORAL SPGS. FL 33067-4620
US

Mailing Address

4691 N UNIVERSITY DR
SUITE 334
CORAL SPGS. FL 33067-4620
US

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

2. New Principal Office Address, If Applicable

4630 N UNIVERSITY DR
Suite, Apt. #, etc.
SUITE 313

3. New Mailing Office Address, If Applicable

4630 N. UNIVERSITY DR
Suite, Apt. #, etc.
SUITE 313

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

Zip
33067

Country
BROWARD

Zip
33067

Country
BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1992

5. FEI Number

65-0410243

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTV	PASTORE, PHILIP J	4164 N.W. 90TH AVE., SUITE 205	CORAL SPRINGS FL 33065

200003482052-0
-11/30/00--01106--007
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

PASTORE, PHILIP J
4164 N.W. 90TH AVE.
SUITE 205
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name
Philip J. Pastore
Street Address (P.O. Box Number is Not Acceptable)
4630 N. UNIVERSITY DR (313)
Suite, Apt. #, Etc.
SUITE 313
City
CORAL SPRINGS
State
FL
Zip Code
33067

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.

Signature of
Registered Agent

Philip J. Pastore
REGISTERED AGENT MUST SIGN

Date 11/2/00

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:

Philip J. Pastore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/00 (941) 328-0121

Daytime Phone #

X 3490

AD