

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 MAY -2 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015329

1. Corporation Name

PALM BEACH SPORTS MEDICINE ASSOCIATES, P.A.

Principal Place of Business

6633 BOYNTON BEACH BLVD.
SUITE 4
BOYNTON BEACH FL 33437

Mailing Address

6633 BOYNTON BEACH BLVD.
SUITE 4
BOYNTON BEACH FL 33437

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

2. New Principal Office Address, If Applicable

~~6607 W BOYNTON BEACH BLVD~~

3. New Mailing Office Address, If Applicable

~~6607 W BOYNTON BEACH BLVD~~

4. Date Incorporated or Qualified
To Do Business in Florida

02/23/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0506469

Applied For

Not Applicable

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip

33437

COUNTRY
PALM BEACH

Zip

33437

COUNTRY
PALM BEACH

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	ANTHONY, JOSEPH	6607 WEST BOYNTON BEACH BLVD	BOYNTON BEACH FL
			000002173280--5 -05/09/97--01097--013 ****915.00 ****915.00

REINSTATEMENT 96-97
G. Alan
5/2/97

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301-

9. Name and Address of New Registered Agent

JOSEPH ANTHONY
Street Address (P.O. Box Number is Not Acceptable)
6607 BOYNTON BEACH BLVD
Suite, Apt. #, Etc.
City BOYNTON BEACH State FL Zip Code 33437

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

Joseph Anthony

Date

3/20/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Joseph Anthony
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97

561-738-7170
Daytime Phone #

CR2E040 (7/96)