

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 12 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000040982

1. Corporation Name

FOUNTAINS MEDICAL CENTER
DBA: ARLEEN E. RICHARDS, MD

2. Principal Office Address

3. Mailing Office Address

815. South University Dr. 815. S. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#101

#101

City & State

City & State

PLANTATION

PLANTATION

Zip

Country

Zip

Country

33324

U.S

33324

U.S

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

65 061 2669

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

ARLEEN E. RICHARDS

Street Address (P.O. Box Number is Not Acceptable)

310 NW 69th AVENUE # 253

Suite, Apt. #, Etc.

253

City

PLANTATION

State
FL

Zip Code
33317

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.

Signature of
Registered Agent

Arleen E. Richards
REGISTERED AGENT MUST SIGN

Date

4/15/02

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
PRES	ARLEEN RICHARDS	310 NW 69th Ave #253	Plantation, FL 33317
Sec	ARLEEN RICHARDS		

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 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:

Arleen E. Richards, MD / ARLEEN E. RICHARDS

Date

4/15/02

Daytime Phone #

954-562-6013

CR2E081 (9/01)

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