| FORDIDA DEPARTMENT OF STATE Sondris B. Morth Control B. Morth Cont | PLEASE READ A | ALL INSTRUCTIONS | BEFORE CO | OMPLETIN | NG THIS FORM. | | |
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| # Does incorrect in any way, line through incorrect information and enter convection below. 2. New Minnogo Office Address, if Applicable | Principal Place of Business 1905 Clint Moore Road | Mailing Address | | | | | |
| 2. New Maining Office Address. If Applicable 2. New Maining Office Address. If Applicable 5. Eli Number 65-059673 Next Applicable 7. Next Register 8. Street Address of Each Officer and Officer 8. Street Address of Each 8. City / State / Zip 7. Next Register 8. Street Address of Each 8. City / State / Zip 8. | Boca Raton, FL 33496 | | | | | | |
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| Suite, Apt. f. etc. Suite, Apt. f. etc. | If above addresses are incorrect in any way, line thro | ugh incorrect information and enter | correction below. | | | | |
| Suite, Apr. 4, etc. Suite, Apr. 4, etc. City & Sistes City & Si | 2. New Principal Office Address, If Applicable | 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable | | | | | |
| 7. Names and Street Addresses of Each Officer and/or Disector (Portida nonprofit corporations must list at Issat 3 directors) 7. Names and Street Addresses of Each Officer and/or Disectors 7. Names and Street Addresses of Each Officer and/or Disectors 7. Names and Street Addresses of Each Officer and/or Disectors 7. Names and Addresses of Each Officer and/or Disectors 8. None E. Sonneborn, M.D. 1905 Clint Moore Road Boca Raton, FL 33496 8. None EINSTATEMENT 7. PR 7. | Suite, Apt, #, etc. | e, Apt. #, etc. Suite, Apt. #, etc. | | 5. FEI Number | | | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit concentration must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Directors 7. Names and Street Addresses of Each Officer and/or Directors 7. Names and Addresses of Each Officer and/or Directors 7. One NOT Use Prest Office Son Names and Address of Each Officer and/or Directors 8. Names and Addresses of Each Officer and/or Directors 8. Names and Addresses of Coursett Registered Agant 8. Names and Addresses of Coursett Registered Agant 8. Names and Addresses of Coursett Registered Agant 9. Names and Addresses of Names and Names and Names and Names and Names and Addresses of Names and Names and Names and Addresses of Names and N | City & State City & State | | ···· | | | | |
| Sitest Address of Each Sitest E | Zip Country | Zip Countr | v | | OF STATUS DUSIBED IX I | • | |
| Title(s) 2 and/or Directors 3 (Do NOT Use Peat Office bot Numbers) 4 City / State / Zip P/D Robert E. Sonneborn, M.D. 1905 Clint Moore Road Boca Raton, FL 33496 S/D Robert M. Colton, M.D. 1905 Clint Moore Road Boca Raton, FL 33496 P/D Robert M. Colton, M.D. 1905 Clint Moore Road Boca Raton, FL 33496 REINSTATEMENT 7 E1 | 7. Names and Street Addresses of Each Officer and/or | Director (Florida nonprofit corporatio | ns must list at least 3 | directors) | | | |
| P/D Robert E. Sonneborn, M.D. 1905 Clint Moore Road Boca Raton, FL 33496 S/D Robert M. Colton, M.D. 1905 Clint Moore Road Boca Raton, FL 33496 P/D Robert M. Colton, M.D. 1905 Clint Moore Road Boca Raton, FL 33496 P/D Robert M. Colton, M.D. 1905 Clint Moore Road Boca Raton, FL 33496 P/D Robert M. Colton, M.D. 1905 Clint Moore Road Boca Raton, FL 33496 P/D Robert M. Colton, M.D. 1905 Clint Moore Road Boca Raton, FL 33496 P/D Robert M. Colton, M.D. 1905 Clint Moore Road Boca Raton, FL 33496 P/D Robert M. Colton, M.D. 1905 Clint Moore Road Boca Raton, FL 33496 P/D Robert M. Colton, M.D. 1905 Clint Moore Road Boca Raton, FL 33496 P/D Robert M. Colton, M.D. 1905 Clint Moore Road Boca Raton PL 33496 P/D Robert M. Colton, M.D. 1905 Clint Moore Road Boca Raton, FL 33496 P/D Robert M. Colton, M.D. 1908 PL 34516. P | Title(s) and/or Directors Officer and/or Director | | | on baral | | Zip | |
| S/D Robert M. Colton, M.D. 1905 Clint Moore Road Boca Raton, FL 33496 Colton | 1905 Clint Moore | | | | | L 33496 | |
| REINSTATEMENT -02/12/9801083001 REINSTATEMENT 7 - 98 8. Name and Address of Current Registered Agant 8. Name and Address of Current Registered Agant 8. Name and Address of Reinstein Registered Agant Name Joel Reinstein Registered Agant Name Joel Reinstein Registered Agant Street Address (P.O. Box Number is Not Acaptable) 5355 Town Center Road Suite, Apt. & Etc. Suite 801 City Boca Raton FL 33486 10. I. being appointed the rebatived spent of the above namely corporation, and familiar with and accept the obligations of Section 807.0505, F.S. Signature of Registrated Agant 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X 12. Loerify 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 filling 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)(8), 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: | P/D Robert E. Sonnebor | n, M.D. | | | | | |
| REINSTATEMENT 7-98 REINSTATEMENT 97-98 8. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Joel Reinstein Esq. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. 8, Etc. Suite 801 City Boca Raton 10. I, being appointed the rejected Agent of the above nameb corporation, am familiar with and accept the obligations of Section 607.0805, F.S. Signature of Registered Agent 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X Suite Agr. 8, Etc. No X See other side for information on intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X Signature of Registered Agent of dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S. If further carriety that when filing this resinetatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S. Ith at 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: | S/D Robert M. Colton, | M.D. 1905 Cl: | int Moore | Road | Boca Raton, F | L 33496 | |
| REINSTATEMENT 77-98 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. I, being appointed the required agent of the above namely corporation, and familiar with and accept the obligations of Section 807.0505, F.S. Signature of Registered Agent 10. I, being appointed the required agent of the above namely corporation, and familiar with and accept the obligations of Section 807.0505, F.S. Signature of Registered Agent 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (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 807 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 807.0401, F.S. that all fees owed by the corporation have been paid and the names of individual istand 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. **REGISTATION** **CHAPT - 98 -02/12/9301033002 **PORTING - 99 -02/12/9301033002 **PORTING - 99 -02/12/9301033002 -02/12/9302/12/9302/12/93 -02/12 | | | | 7 | | • • | |
| 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent Name Joel Reinstein, Esg. Street Address (P.O. Box Number is Not Acceptable) 5. Suite, Apt. v. Etc. Suite 801 City Boca Raton City Boca Raton Registered Agent Registered | | | · · · · · · · · · · · · · · · · · · · | | | | |
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| 8. Name and Address of Current Registered Agent 8. Name and Address of New Addre | | | | | | | |
| Name Joel Reinstein. Esg. Street Address (P.O. Box Number is Not Acceptable) 5355 Town Center Road Sulte, Apt. #, Etc. Suite 801 City Boca Raton The above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S. Signature of Registred Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X No X See other side for information on intangible tax.) 12. I certify that I am an afficer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 807.0401 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 shell have the same legal effect as if made under oath. SIGNATURE: | | | | r | -02/12/98010 | 089-002 | |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Suite 801 City Boca Raton The 33486 10. I, being appointed the relatived agent of the above namely corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X No X Signature of Revenue under S. 199.032, Florida Statutes. Yes No X 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 807 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name stallines 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 607.0401 or 617.0401, F.S. The information indicated on this application is true and accurate, and my signature shell have the same legal effect as if made under oath. SIGNATURE: | 8. Name and Address of Current Registered Agent 9 | | | | ddress of New Registered Agen | ****1 50.00 | |
| Suite, Apt. #, Etc. Suite 801 City BOCA RATON Page 2/9/98 REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X No X 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 807 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name estisfies 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: | | | | | | | |
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| SIGNATURE: 219/18 561/994-5454 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daytime Phone # | this reinstatement application, the reason for dissol owed by the corporation have been paid and the na | ution has been eliminated, the corpo mes of individuals listed on this form | rate name satisfies the n do not qualify for an | e requirements of exemption unde | feetion 607.0401 or 617.0401, [| F.S. that all fees | |
| SIGNATURE: U. 151 - 219/05 561/994-5454 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | 1,1 | 20 | | | | | |
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