

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000014925

1. Corporation Name

COMPREHENSIVE MEDICAL PROFESSIONALS, INC.

Principal Place of Business

Mailing Address

3720 NW 73rd Avenue  
Fort Lauderdale, FL 33319

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

2. New Principal Office Address, If Applicable  
4200 NW 16th Street

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

310

City & State  
Lauderhill, FL

City & State

Zip  
33313

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 2/22/95

5. FEI Number

650559876

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

0.75 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Anthony Mignott	4200 NW 16 Street #310	Lauderhill, FL 33313
VP/D	Elliott Housely	4200 NW 16 Street #310	Lauderhill, FL 33313
S/D	Taylor Housely	4200 NW 16 Street #310	Lauderhill, FL 33313
T/D	Lauren Mignott	4200 NW 16 Street #310	Lauderhill, FL 33313

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-12/11/98--01001--011  
\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Mark A Mignott  
6505 Racquet Club Drive  
Lauderhill, FL 33319

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Mark Mignott*

REGISTERED AGENT MUST SIGN

Date 12/09/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/09/98 954 592-4083

CR2E040 (1/98)