

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016773

1. Corporation Name

PROFESSIONAL HEARING CENTERS, INC.

Principal Place of Business

Mailing Address

17971 BISCAYNE BLVD. 200  
N MIAMI BEACH FL 33160

17971 BISCAYNE BLVD. 200  
N MIAMI BEACH FL 33160



200008578942  
10/24/02--01103--010 \*\*150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0564108

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D	BAUMEL, ALAN M	17971 BISCAYNE BLVD, 200	N MIAMI BEACH FL 33160
D	BAUMEL, DEBRA C	17971 BISCAYNE BLVD, 200	N MIAMI BEACH FL 33160

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAUMEL, ALAN M  
17971 BISCAYNE BLVD, 200  
N MIAMI BEACH FL 33160

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Baume

Date

10/21/02

Daytime Phone #

(305) 792-0906

CR2E040 (8/02)

# Professional Hearing Centers, Inc.

Aventura, 17971 Biscayne Blvd, suite 200 - Miami, Fl 33160

Ft. Lauderdale, 2001 N.E. 48 Court, Ft. Laud, Fl 33308

(954) 776-5452 OR (305) 792-0906

FAX (305) 792-9077

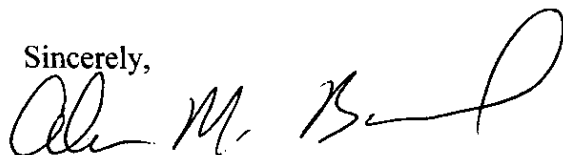
October 22, 2002

Re: Application for reinstatement of corporation

To Whom It May Concern:

As per conversation with Justin, we are sending a check for \$150.00 as we did not receive the prior UBR notices. If you have any questions concerning this matter, please do not hesitate to call (305) 792-0906.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Alan M. Baumel', with a stylized flourish at the end.

Alan M. Baumel  
President