

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000019066

1. Corporation Name

HEALTH FORMS & SYSTEMS OF SOUTH FLORIDA, INC.

REINSTATEMENT 03



07-23-03 90066 034 \$150.00

Principal Place of Business

Mailing Address

5135 KENSINGTON CIRCLE
CORAL SPRINGS FL 33076

5135 KENSINGTON CIRCLE
CORAL SPRINGS FL 33076

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

03/08/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0553477

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
DPS	SOLOMON, RONALD S	5135 KENSINGTON CIRCLE	CORAL SPRINGS FL 33076
DVPT	SOLOMON, CHERYL	5135 KENSINGTON CIRCLE	CORAL SPRINGS FL 33076

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUBROW DUKER & ASSOCIATES, P.A.
2832 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

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

Ronald Solomon

REGISTERED AGENT MUST SIGN

Date

10/03/03

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:

Ronald Solomon
Ronald Solomon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/03/03

Daytime Phone #

954
2708433

CR2E040 (7/03)



HEALTH FORMS *and* SYSTEMS, INC.



5135 Kensington Circle ♦ Coral Springs, FL 33076

Fax 1-800-307-8606 ♦ Toll Free 1-800-869-6590

Call Us For A No Obligation Quote

10-07-03

This is the 2nd Letter that we have
written concerning this matter. We have
been a Qualified Business (Incorporated)
since 1995. We never received the original (UBR)
application for 2003 ^(or other notices). We sent a letter
like this one explaining that along with
a check for \$150.00, see attached
bank statement # 3523 - (in June of 2003).
This is the fee to file without penalty.
Please take care of this matter.
THANK YOU.

Ran Salem

tel# 954-270-8433 - cell

tel# 1-800-869-6590 - business

♦ COMPUTER FORMS ♦ FILING SUPPLIES ♦ FILING EQUIPMENT

♦ CLAIM FORMS (HCFA-1500) ♦ ENCOUNTER FORMS ♦ COLOR CODING FILING SYSTEMS