

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000022091**

1. Corporation Name

NATIONAL CENTER FOR MEN'S HEALTH, INC.

Principal Place of Business

Mailing Address

2241 NORTH UNIVERSITY DR.
SUITE B
PEMBROKE PINES FL 33024

2241 NORTH UNIVERSITY DR.
SUITE B
PEMBROKE PINES FL 33024

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1985

5. FEI Number

65-0568272

Applied For

Not Applicable

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	SHERMAN, ROBERT	2241 N. UNIVERSITY DR., SUITE B	PEMBROKE PINES FL 33024
D	WEITZENFELD, MARK	2241 N. UNIVERSITY DR., SUITE B	PEMBROKE PINES FL 33024
D	FELLER, RONALD	2241 N. UNIVERSITY DR., SUITE B	PEMBROKE PINES FL 33024

REINSTATEMENT 99 11 18

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12/09/99 01051 004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLEMAN, IRA J
MCDERMOTT WILL & EMERY
201 S. BISCAYNE BLVD., STE. 2200
MIAMI FL 33131

Name
MARK WEITZENFELD
Street Address (P.O. Box Number is Not Acceptable)
2241 N. UNIVERSITY DR. SUITE B
Suite, Apt. #, Etc.
PEMBROKE PINES, FL 33024
City
FL Zip Code
33024

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Mark Weitzenfeld

REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/24/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Weitzenfeld

REQUIRED

Date

Daytime Phone #

11/24/99 954913
4111

CR22540 (8-99)