

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 995000046168

1 Corporation Name Davie Urgent Care & Family Practice, Inc. W99-21639

Principal Place of Business Mailing Address
2581 S University Drive
Davie, Fl. 33324

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 27 AM 11:02

REINSTATEMENT 96 99

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

2 New Principal Office Address, If Applicable n/a		3 New Mailing Office Address, If Applicable n/a		4 Date Incorporated or Qualified To Do Business in Florida 06/08/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 FEI Number 65-0601971	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Richard Hill	3538 S. University	Davie, Fl. 33328
Sec.			

900002999869--8
-09/29/99--01002--019
***1200.00 ***1200.00

8 Name and Address of Current Registered Agent W.C. Mears 760 SE 2nd Ave G102 Deerfield Beach, Fl. 33441		9 Name and Address of New Registered Agent Name n/a Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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 W.C. Mears Date 9/21/99
REGISTERED AGENT MUST SIGN

11 This corporation owes 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] 9/21/99 (954) 474-8030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)