APPLICATION FOR REINSTATEMENT

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

FILED

97 APR -3 PM 3: 20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000052304

1. Corporation Name **Downtown Medical Group**

REINSTATEMENT

@ 96-97

Principal Place of Business
10097 Cleary Rd #244
Plantation FL. 33324

Mailing Address

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 5/9/95
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0591286	Applied For
City & State	City & State		Not Applicable
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	STEVEN B. BROWN	3901 S. Ocean Dr. # 12-G	Hollywood FL, 33019
			7000021340-17--9 -04/04/97--01093--010 ****923.75 ****923.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Jesse Small 409 W. Hallandale Bch Blvd. #415 Hallendale, FL. 33009	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 _____ REGISTERED AGENT MUST SIGN   Date 3/31/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.   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: _____   3/31/97   (954)455-8862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
STEVEN B. BROWN