

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

96 NOV 15 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000063742**

1. Corporation Name

**DOCTORS' SERVICES, INC.**

Principal Place of Business

Mailing Address

1380 NE MIAMI GARDENS DR. #140  
N MIAMI BEACH FL 33179

1380 NE MIAMI GARDENS DR. #140  
N MIAMI BEACH FL 33179

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

2. New Principal Office Address, If Applicable

3050 Alton Road

3. New Mailing Office Address, If Applicable

3050 Alton Road

Suite, Apt. #, etc.

Miami Beach FL

Suite, Apt. #, etc.

Miami Beach FL

City & State

City & State

Zip 33140

Country Dade

Zip 33140

Country Dade

4. Date Incorporated or Qualified To Do Business in Florida

08/16/1995

5. FEI Number

650699744

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
D	REINFELD, NORA	1380 NE MIAMI GARDENS DR, #140	N MIAMI BEACH FL 33179
			300002010323--7 -11/20/96--01108--021 ***191.25 ***191.25
			300002010323--7 -11/20/96--01108--022 ***183.75 ***183.75
			<u>10-19-96</u>

8. Name and Address of Current Registered Agent

REINFELD, NORA  
1380 NE MIAMI GARDENS DR, #140  
N MIAMI BEACH FL 33179

9. Name and Address of New Registered Agent

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/31/96

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)(f), 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]* REGISTERED AGENT MUST SIGN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/96 (305) 582-6400  
Daytime Phone #

CR20040 (7/96)