

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 2050000067172

1. Corporation Name

Provincial Medical Offices, Inc.

Principal Place of Business

Mailing Address

10300 Sunset Dr., Suite 220
Miami, FL 33173

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

2. New Principal Office Address, If Applicable

Same

3. New Mailing Office Address, If Applicable

10300 Sunset Dr., #220
220

4. Date Incorporated or Qualified
To Do Business in Florida

8/30/95

5. FEI Number

65-0605309

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Nelson A. Alvarez	5435 SW 148 Place	Miami, FL 33185
			500002321045--8
			-10/15/97-01076-019
			****365.00 ****365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Nelson A. Alvarez

Street Address (P.O. Box Number is Not Acceptable)

5435 SW 148 Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33185

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

9/30/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/97
Date

305-596-5858
Daytime Phone #

FILED
97 OCT -9 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2000 (12/96)



PROVINCIAL MEDICAL OFFICES, INC.

10300 SUNSET DR. • SUITE 220 • MIAMI, FLORIDA 33173

PHONE: (305) 596-5858

FAX: (305) 596-5919

October 7, 1997

Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir,

Per our telephone conversation on 9/19/97, enclosed please find check #1332 in the amount of \$365.00, for the renewal of our corporate name along with the reinstatement form that we never received due to that the address that you have on record is incorrect.

Cordially,

Nelson Alvarez