

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 # P95000067761

1. Corporation Name

MEDICAL PERSPECTIVES CORP.

Principal Place of Business

5680 NW 74TH PL
UNIT 205
COCONUT CREEK FL 33073

Mailing Address

50 AIKEN ST
UNIT 213
NORWALK CT 06851

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

~~5706 Nth West 48th Court~~
City & State
~~Corral Springs, FL~~
Zip
33067

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

~~375 Middlesex Tpke~~
City & State
~~Old Saybrook, CT~~
Zip
06426

4. Date Incorporated or Qualified To Do Business in Florida

09/01/1995

5. FEI Number

65-0604420

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	CARICATO, ROBERT J	5680 NW 74TH PL 5706 Nth West 48th Court	COCONUT CREEK FL 33073 Corral Springs, FL 33067
			300002289803--0 -09/10/97--01122--001 ****923.75 ****923.75

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Lawrence J. Spiegel, P.A. doing business as AmeriLawyer
Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
Suite, Apt. #, Etc.
City Coral Gables, State FL Zip Code 33134

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 By: Lawrence J. Spiegel, P.A. doing business as AmeriLawyer

Natalia Utrera Vice President

Date 9/8/97

REGISTERED AGENT MUST SIGN

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

9/8/97

860-388-0766
Daytime Phone #