

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



pg. 1 of 2

97 DEC -5 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000083738

1. Corporation Name

NORTH LAUDERDALE MEDICAL CENTER, INC.

97-AR

Principal Place of Business

Mailing Address

995 S.W. 71ST AVENUE
NORTH LAUDERDALE FL

995 S.W. 71ST AVENUE
NORTH LAUDERDALE FL



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

11/01/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0632673

Applied For

Not Applicable

City & State

City & State

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)

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	LISTOPAD, ANITA	1004 N.E. 204TH LANE	MIAMI FL 33176

3000002368609---1
12/10/97-0101-005
***165.00 ***165.00

97
12/5/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INGALLS, BRIAN E ESQ.

HERTZFELD & RUBIN

1901 WEST CYPRESS CREEK ROAD, SUITE 400

NORTH LAUDERDALE FL 33309

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

11. This corporation owes or has paid 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)

Pg 2 of 2

David M. Raskin

Certified Public Accountant

Member: AICPA FICPA

505 South Federal Highway
Suite II
Deerfield Beach, Florida 33441
Office: (954) 421-5055 . Fax (954) 426-4611
Toll free 1-800-372-7546

December 1, 1997

Division of Corporations
Annual Report/Reinstatement

PO Box 6327
Tallahassee, Fla 32314

re: North Lauderdale Medical Center Inc.
995 SW 71st Avenue
North Lauderdale, Fla
Document # P95000083738

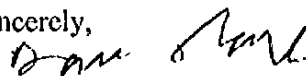
Dear Sir:

I am writing this letter to request that the Division of Corporations reinstate the status of North Lauderdale Medical Center Inc. and waive the reinstatement fee due to special circumstances pertaining to the above corporation. During early 1997, the taxpayers previous accountant, Mr. Robert Berger, of Berger Johnson & Co., 5701 N Pine Island Road, Tamarac, Fla 33321, was suffering from longstanding illness and subsequently passed away from a brain hemorrhage.

Dr. M. Listopad of North Lauderdale Medical Center Inc. had always been relying on specific instructions from Mr. Berger as far as certain State and Federal filings were concerned. Due to his accountant's illness, the annual report for 1997 was not sent in on a timely basis.

Due to the circumstances surrounding their accountants death, we respectfully request that the Division of Corporations waive the reinstatement fee for North Lauderdale Medical Center Inc. and allow them to pay the original filing fee of \$165. Thank you for your consideration in this matter.

Sincerely,


David Raskin CPA