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 DEC 31 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000084718**

1 Corporation Name

PROFESSIONAL PRACTICE SERVICES, INC.

Principal Place of Business	Mailing Address
9737 DORAL BOULEVARD, SUITE 318 MIAMI FL 33178 N/A	9737 DORAL BOULEVARD, SUITE 318 MIAMI FL 33178 N/A

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

REINSTATEMENT 1996 MWB 1/2/97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2522 SW 4 St	2522 SW 4 St
Suite, Apt. #, etc: Ø	Suite, Apt. #, etc: Ø
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33135 Country: Dade/U.S.	Zip: 33135 Country: Dade/U.S

4. Date Incorporated or Qualified To Do Business in Florida: 11/01/1995

5. FEI Number: ☒ 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
PD	VAZQUEZ, ANDRES M	9737 DORAL BOULEVARD, SUITE 318 2522 SW 4 St	MIAMI FL 33178 33135
VS	VAZQUEZ, ADYEREN S	9737 DORAL BOULEVARD, SUITE 318 2522 SW 4 St	MIAMI FL 33178 33135
			300002045113--1 -01/03/97--01125--019 ****175.00 ****175.00
			300002045113--1 -01/03/97--01125--020 ****208.75 ****208.75

8. Name and Address of Current Registered Agent

VAZQUEZ, ADYEREN S
9737 DORAL BOULEVARD, SUITE 318
MIAMI FL 33178

9. Name and Address of New Registered Agent

Name: Vazquez, Adyeren S.
Street Address (P.O. Box Number is Not Acceptable): 2522 SW 4 St
Suite, Apt. #, Etc.: Ø
City: Miami State: FL Zip Code: 33135

CR2E040 (7/96)

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: Andres A. Vazquez PD Adyeren S. Vazquez VS Date: 11-1-96
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: Andres Vazquez Adyeren Vazquez 11-1-96 (305)649-2164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048581 AP