

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION FOR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAY -3 PM 6:29

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000094031

1. Corporation Name
Northern Medical Management Inc.,

W99-3680

Principal Place of Business

Mailing Address

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. 8184 Wiles Road

City & State Coral Springs, Florida

Zip 33067 County D.S.A.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. 8184 Wiles Road

City & State Coral Springs, Florida

Zip 33067 County D.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

Dec 1995

5. FEIN number

650627303 (EIN)

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESCRIBED BY

\$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
P- President	Dr. Z. Rivietz	8184 Wiles Rd Coral Springs, FLA, 33067	Coral Springs, Florida, (33067)
T	" " "	" " "	" "
S	" " "	" " "	" "

100002874411--7
-05/13/99--01102--014
****673.75 ****678.75

4/27/99

8. Name and Address of Current Registered Agent

Dr. Z. Rivietz
c/o Northern Medical Mgmt
8184 Wiles Road
Coral Springs, FLA, 33067

9. Name and Address of New Registered Agent

Name Dr. Z. Rivietz
Street Address (P.O. Box Number, if Applicable) 8184 Wiles Rd
Suite, Apt. #, Etc.

City Coral Springs

State FL Zip Code 33067

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(9), F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/27/99

11. This corporation owes 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 of the F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name listed on the requirements of section 612.04(1) or 612.04(1), F.S., has 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 419.06(4)(b), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if it is under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (954) 344 1604

April 27, 1999

2

Department of State
Dvn of Corporations
P.O. Box 6327
Tallahassee, FL,
32314

Dear Sir/Madame:

RE: NORTHERN MEDICAL MANAGEMENT INC.,
EIN 650627303
INCORPORATED DEC/95
DEACTIVATED SUMMER OF 1996

RE: APPEAL FOR WAIVER OF REINSTATEMENT PENALTY
FEE:

I am writing to respectfully request that the reinstatement (penalty) fee for the above corporation be waived for the following reasons;

a) I became progressively ill shortly after opening the above corporation with a life threatening illness and have stabilized only recently. Due to a serious medical condition I was not able to physically or mentally attend to various personal/business matters.

b) I had never received any notices by mail or phone regarding any annual report fees etc., or I would have undertaken to comply.

Enclosed please find a cheque for \$ 665.00 for back filing fees as well as an additional \$ 8.75 for a certificate of status.

If you have any further questions pertaining to this matter, please do not hesitate to contact me by mail.

Thank you for your consideration and assistance.

Sincerely yours,

S. Rivietz

Dr. Z. Rivietz

per/Northern Medical Management Inc.,
8184 Wiles Rd., Coral Springs, FLA, 33067
Tel: 954 344 1604