

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 SEP 19 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000097127**

1. Corporation Name

**P95000097126 (3)**  
**PROHEALTHCARE OF PALM BEACH, INC.**

**PROHEALTHCARE OF MIAMI BEACH, INC**

Principal Place of Business

Mailing Address

~~6645 BURNS ROAD~~

~~SUITE 302~~

~~PALM BEACH GARDENS FL 33410~~

~~3345 BURNS ROAD~~

~~SUITE 302~~

~~PALM BEACH GARDENS FL 33410~~

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

2. New Principal Office Address, if Applicable

**300 Arthur Godfrey Road**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Miami Beach, Florida**

Zip

**33140**

Country

**USA**

3. New Mailing Office Address, if Applicable

**300 Arthur Godfrey Road**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Miami Beach, Florida**

Zip

**33140**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/19/1995**

5. FEI Number

**65-0631720**

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	Thomas Laurita	44 Crestwood Drive	Maplewood, New Jersey 07040
Treasurer	Susan Bauer	22 Burnham Drive	Rompton Plains, New Jersey 07444
Vice President			
Secretary			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LAURITA, THOMAS**

~~3345 BURNS ROAD~~

~~SUITE 302~~

~~PALM BEACH GARDENS FL 33410~~

Name

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

**300 Arthur Godfrey Road**

Suite, Apt. #, Etc.

**Suite #200**

City

**Miami Beach**

State  
**FL**

Zip Code  
**33140**

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

*Thomas Laurita*

REGISTERED AGENT MUST SIGN

Date

**9/19/96**

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:

*Thomas Laurita*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas Laurita President**

**9/19/96**

Date

**201-467-0999**

Daytime Phone #