

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

~~APPLICATION FOR REINSTATEMENT~~

1996 AIR

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

APPROVED
AND
FILED

96 SEP 19 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000097127

1. Corporation Name

PROHEALTHCARE OF PALM BEACH, INC.

Principal Place of Business

Mailing Address

3345 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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/19/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0631723

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

400001952764
-03/20/98 --01050--003
****200.00 ****200.00

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)

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

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 #

CE2E040 (7/96)