

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR -6 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA0000025734

1. Corporation Name

ALTANTIC COAST MEDICAL MNGTNG

2. Principal Office Address

10286 NW 47TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

10286 NW 47TH ST

Suite, Apt. #, etc.

City & State

SUNRISE

City & State

FLORIDA

Zip

33351

Country

USA

Zip

33351

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

65-0659164

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATRICK J. GIAMBALVO, JR.

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

4855 NW 115TH AVE

Suite, Apt. #, Etc.

CORAL SPRINGS, FLORIDA

City

State

FL

Zip Code

33076

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-7-2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	<u>PATRICK J. GIAMBALVO</u>	<u>4855 NW 115TH AVE</u>	<u>CORAL SPRINGS FL 33076</u>
VP	<u>LYNN HENDER</u>	<u>4858 NW 115TH AVE</u>	<u>CORAL SPRINGS FL 33076</u>
			KE

10. 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

2-7-2000

Date

954-572-2701

Daytime Phone #

CR2E081 (9/99)