

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 NOV 12 AM 11:27

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P9600000915238**

United Medical Services of South Florida, Inc.
6370 Hawkes Bluff Avenue
Davie, Florida 33331

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

REINSTATEMENT 97-98

4. Date Incorporated or Qualified To Do Business in Florida
November 21, 1996

5. FEI Number
65-0736591

FEI Number Applied For
FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**
CERTIFICATE OF STATUS DESIRED ☒

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
PVST	Domenech, Ernie	6370 Hawkes Bluff Avenue	Davie, Florida 33331
D	Domenech, Ernie	6370 Hawkes Bluff Avenue	Davie, Florida 33331

300002689803--8
-11/17/98--01068--018
****900.00 ****900.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Ernie Domenech
6370 Hawkes Bluff Avenue
Davie, Florida 33331

9. If changed, new registered agent / office

Name

David A. Donet, Esq.

Street Address (Do NOT Use P.O. Box Number)

2655 Le Jeune Road

Street Address (Do NOT Use P.O. Box Number)

Penthouse 2011-C

City State Zip

Coral Gables FL 33134

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 [Signature] Date 10/30/98
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director [Signature] Date 10/18/98 Daytime Phone # 305-794-2072

Typed or printed name of signing officer or director Ernie Domenech