

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC -5 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000099552

1. Corporation Name

PVL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2511 PONCE DE LEON BOULEVARD
SUITE 400
CORAL GABLES FL 33144

2511 PONCE DE LEON BOULEVARD
SUITE 400
CORAL GABLES FL 33144

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

12/10/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0725180

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

33134-6019

33134-6019

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
DP	APTMAN, M.D., MICHAEL	2511 PONCE DE LEON BOULEVARD, SU	CORAL GABLES FL 33144
DVS	KATZEN, M.D., BARRY	2511 PONCE DE LEON BOULEVARD, SU	CORAL GABLES FL 33144
DT	KANTER, M.D., STEPHEN	2511 PONCE DE LEON BOULEVARD, SU	CORAL GABLES FL 33144

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVENUE
27TH FLOOR
MIAMI FL 33131

Name

Barry Katzen, M.D.

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

2511 Ponce De Leon Boulevard

Suite, Apt. #, Etc.

Suite 400

City

Miami,

State

FL

Zip Code

33134-6019

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

REGISTERED AGENT MUST SIGN

Date

11. 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.

Barry Katzen, M.D.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

446-2378