

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

CORPORATION
REINSTATEMENT



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

FILED

00 NOV 20 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9700000 7243

1. Corporation Name

Physician Assistant
Medical Services, Inc.

2. Principal Office Address

2501 S. Ocean Dr

3. Mailing Office Address

2501 S. Ocean Dr

Suite, Apt. #, etc.

Suite 530

Suite, Apt. #, etc.

Suite 530

City & State

Hollywood
Florida

City & State

Hollywood
Florida

Zip

33019

Country

USA

Zip

33019

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

01-21-97

5. FEI Number

65-0748162

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

Elena Weitzman

700003496697

1

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

2501 S. Ocean Dr - Suite 530

-12/12/00-01034-010

***150.00 ***150.00

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

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

X *E. Weitzman*

Date

11/15/00

REGISTERED AGENT MUST SIGN

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
Pres	Elena Weitzman	2501 S Ocean Dr Suite 530	Hollywood FL 33019

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: X

E. Weitzman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/00

Daytime Phone #

954 927-4591

November 15, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document #P97000007243

Gentlemen:

I was recent advised by the band that my corporation had been dissolved due to non-payment of the Annual Report. Please be advised that I never received the renewal report for 2000. I called your reinstatement department and they said that I should pay \$150.00 the original amount and submit the Annual Report. I am enclosing an annual report and a reinstatement report because I do not know which one I need to submit.

Please process the correct one accordingly.

Thank you,



Elena Weitzman
Physician Assistant Medical Services, Inc.

2082

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7243