

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 OCT 30 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000010878

1. Corporation Name

SIGMA HEALTH CARE, INC.

Principal Place of Business

750 E. SAMPLER RD  
BLDG 3 BAY 2  
POMPANO FL 33064

SIGMA HEALTH CARE, Inc.  
7777B N. Davie Road Ext., Suite 107B  
Hollywood, FL 33024  
Telephone: (954) 704-1646



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7777B North Davie Rd

Suite, Apt. #, etc.

107B

City & State

Hollywood

Zip

33024

Country

BROWARD

3. New Mailing Office Address, If Applicable

Same as #2

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/31/1997

5. FEI Number

65-0723569

Applied For

Not Applicable

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	City / State / Zip
PT	AZARIPOUR, BEHROOZ	376 NW 37TH WAY	DEERFIELD BEACH FL 33442
V	KHAYYMI, SAIED	6304 78TH DR	PARKLAND FL 33067
SM	QUEENLAND, JOAN	18455 NW 9TH CT	PEMBROKE PINES FL 33029
B	Quinland, Joan	18455 NW 9th Ct	Pembroke Pines, FL 33029
			2000003474892--9
			-11/27/00--01003--003
			***908.75 ***908.75

8. Name and Address of Current Registered Agent

AZARIPOUR, BEHROOZ  
376 NW 37TH WAY  
DEERFIELD BEACH FL 33442

9. Name and Address of New Registered Agent

Name  
Quinland, Joan  
Street Address (P.O. Box Number is Not Acceptable)  
18455 NW 9th Ct.  
Suite, Apt. #, Etc.  
Pembroke Pines,  
City  
FL

State Zip Code

FL 33029

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]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-11-2000

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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/2000 (954) 704-1646  
Date Daytime Phone #