

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



98-99AR
FLORIDA DEPARTMENT OF STATE
TAMARA B. MOSELEY
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN 17 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000021552

1. Corporation Name

PHYSICIAN CHARTER SERVICE, INC.

Principal Place of Business

Mailing Address

900 E. BAY DRIVE
STE. # 520

MIAMI BEACH, FL 33141

900 EAST BAY DRIVE
STE. # 520

MIAMI BEACH, FL 33141

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

REINSTATEMENT 98-99^u

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03-10-97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0734023

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
PDS	DAVID S. BERNSTEIN	900 EAST BAT DRIVE, #520	MIAMI BEACH, FL 33141

000002911290--1
-06/21/99--01154--014
****908.75 ****908.75

8. Name and Address of Current Registered Agent

DAVID S. BERNSTEIN
900 EAST BAY DRIVE, # 520
MIAMI BEACH, FLORIDA 33141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 06-15-99

11. 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.)

12. 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

06-15-99

Date

Daytime Phone #

CR2E040 (12/96)