

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Katherine Harrell
Secretary of State
JANUARY 1, 2000

DOCUMENT # P97000023379

1. Corporation Name

PC DOCTORS OF BROWARD, INC.

Principal Place of Business

8607 S.W. 14 COURT
PEMBROKE PINES FL 33025

Mailing Address

8607 S.W. 14 COURT
PEMBROKE PINES FL 33025

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

2. New Principal Office Address, If Applicable

1482 NW 158 AVENUE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 822515
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1997

5. FEI Number

65-0741619

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
P	VILCHEZ, PABLO	8607 S.W. 14 COURT 1482 NW 158 AVE	PEMBROKE PINES FL 33025 33028
TS	VILCHEZ, SORAYA	8607 S.W. 14 COURT 1482 NW 158 AVE	PEMBROKE PINES FL 33025 33028
			500003496595--9 -12/12/00--01030--001 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

VILCHEZ, PABLO
8607 S.W. 14 COURT
PEMBROKE PINES FL 33025

9. Name and Address of New Registered Agent

Name

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

1482 NW 158 AVE

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

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 REQUIRED

Date 11/17/00

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/00 # (305) 6255710

Date

Daytime Phone #

20F2

November 17, 2000

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: PC Doctors of Broward, Inc.
#65-0741619

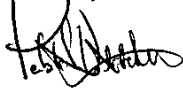
Dear Sir or Madam:

We just received a notice that was forwarded to our new address. Unfortunately when we moved we notified you of our address change which apparently was not received or processed. The people that moved into our prior location did not forward anything to us until now. We truly apologize, but we were not aware we were in default of any payment. We are a small, family owned business, and the kind of fee you are requesting would really hurt us and put us way behind.

We kindly request if you could accept our \$150 check enclosed for renewal of our annual report. We will be sure to be this on our calendar for the future, so that if we do not receive the form we will be aware that it is due and pay it anyway.

Your consideration and understanding is truly appreciated.

Sincerely,



Pablo Vilches

PV/vb