

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 JUL 19 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060093

1. Corporation Name

INSTEAD OF HOSPITAL AFTER HOUR MEDICAL CLINIC, INC

2. Principal Office Address

11373 SW 211 St

Suite, Apt. #, etc.

#16

City & State

MIAMI, FL

Zip

33184

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/7/1997

5. FEI Number

65-0767286

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

LORN LEITMAN

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

7700 N KENDALL DR

Suite, Apt. #, Etc.

#405

City

MIAMI

State

FL

Zip Code

33156

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

REGISTERED AGENT MUST SIGN

Date 7-13-01

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

PD

JOHANNE ZEPHIR

31501 SW 193 AVE

HOMESTEAD, FL 33030

REINSTATEMENT 00-01

10. I certify that I am an officer or director of 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

Date

Daytime Phone#

7/13/01

3052340009