

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99 OF
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

99 OCT 25 AM 11:55

DOCUMENT # **998000007532**

1. Corporation Name
Primary Care Practitioners & Associates, Inc.

Principal Place of Business Mailing Address
**3107 W. Hallandale Beach Blvd
Ste. No. 106
Pembroke Park, Florida 33009**

05-07-99 90069 014 \$ 150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
2. New Principal Office Address, If Applicable
3107 W. Hallandale Beach Blvd
Suite, Apt. #, etc. **106**
City & State **Pembroke Park, FL**
Zip **33009** Country **U.S.A.**
3. New Mailing Office Address, If Applicable
3107 W. Hallandale Beach Blvd
Suite, Apt. #, etc. **106**
City & State **Pembroke Park, Florida**
Zip **33009** Country **U.S.A.**

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number **65-0807784** 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)

| 1 | 2 | 3 | 4 |
|----------|---|---|----------------------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
| 1/CEO | J Ivory Joe Christens | 10641 S.W. 37th Place | Danie, Florida 33328 |
| VP/D | Isabelis "Dolly" Roldan Christens | 10641 S.W. 37th Place | Danie, Florida 33328 |
| D | Sola Gafar, CPA | 8910 Miramar Pkwy Ste No. 212 | Miramar, Florida 33029 |
| D | | | |
| D | | | |
| Ex | CLIFTON H. RODRIGUEZ, CPA (Executive & Board Consultant) | 3146 N.W. 68 Street Ste. No. 1 | Ft. Lauderdale, Florida 33309 |

8. Name and Address of Current Registered Agent
Mr. Ivory Joe Christens
10641 S.W. 37th Place
Danie, Florida 33328

9. Name and Address of New Registered Agent
Name **CLIFTON H. RODRIGUEZ, CPA**
Street Address (P.O. Box Number is Not Acceptable) **3146 N.W. 68 Street**
Suite, Apt. #, Etc. **No. 1**
City **Ft. Lauderdale** State **FL** Zip Code **33309**

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 **Ivy Joe Christ** Date **10/18/1999**
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: **Ivy Joe Christ** 10/18/1999 (954) 894-0522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E08 (12/98)