

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000014386**

1. Corporation Name

PRACTICE PARTNERS INC.

Principal Place of Business

3399 NW 72 AVE
MIAMI FL 33122

Mailing Address

3399 NW 72 AVE
MIAMI FL 33122

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida **02/13/1998** **SP**

5. FEI Number **65-0812438**

6. CERTIFICATE OF STATUS DESIRED ☐ **\$9.75** A fee of \$9.75 is 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 | 4 City / State / Zip |
|---------------|--|---|------------------------------|
| D | ZIMMERMAN, PAUL | 3399 NW 72 AVE | MIAMI FL 33122 |
| PD | GILBREASE, WILLIAM | 3399 NW 72 AVE | MIAMI FL 33122 |
| | | | 300003061129--8 |
| | | | -12/06/99-01021-012 |
| | | | ****750.00 ****750.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOMBERG, REED S

3701 S BAYSHORE DR #315
MIAMI FL 33133

9130 S. DADELAND
BLVD STE 1509
MIAMI FL 33156

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/21/99

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 807 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 807.0401 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

10-18-99

Date

305-599-9933

Daytime Phone #