

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 MAR 22 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

098000044304

1. Corporation Name

Eutopia Medical & Legal Services

Principal Place of Business

Mailing Address

8628 Via Reale #4
Boca Raton FL 33496

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

May 14 1998

5. FEI Number

59-3517393

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$0.75 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
CO Pres	Patricia C Beaulieu	3801 S.W. Coquina Cove Way #201	Palm City FL 34990
V. Pres	Pierre Beaulieu	3801 S.W. Coquina Cove Way #201	Palm City FL 34990
S/T CO	James Vanden Bosch	1265 S.W. 101 Terr 306	Pembroke FL 33025
Pres	John C. Bass	4421 NE 17th Ave #444	Fort Lauderdale FL 33334
			300003207958--6 -04/13/00-01111-009 ****750.00 ****750.00 300003207958--6 -04/13/00-01111-010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Paul Beaulieu

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

414 S.E. 10th St #304

Suite, Apt. #, Etc.

Dan #304

City

Dania

State

FL

Zip Code

33004

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

2/27/00

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:

Patricia C Beaulieu Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00
Date

561-346-8721
Daytime Phone #

CR2E081 (12/96)