

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 30 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000044364

1. Corporation Name

EUTOPIA MEDICAL & LEGAL SERVICES, INC.

Principal Place of Business

8628 VIA REALE #4  
BOCA RATON FL 33496

Mailing Address

8628 VIA REALE #4  
BOCA RATON FL 33496

REINSTATEMENT



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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/1998

5. FEI Number

59-3517393

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
COP	BEAULIEU, PATRICIA C	3801 S.W. COQUINA COVE WAY, #201	PALM CITY FL 34990
COP	BASS, JOHN L	4421 N.E. 17TH AVENUE	FT. LAUDERDALE FL 33334

000024266250

10/30/03 01000 019 \*\*750.00

8. Name and Address of Current Registered Agent

VANDEN BOSCH, JAMES P  
~~3640 CORAL SPRINGS DRIVE~~  
~~CORAL SPRINGS FL 33065~~

6832 Big Pine Keys  
Lake Worth, FL 33467

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*James P. Vanden Bosch*  
REGISTERED AGENT MUST SIGN

Date 10-25-2003

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.

SIGNATURE:

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

10-25-2003 561-346-8721  
Date Daytime Phone #

CR2E040 (7/03)