PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

Audit No. H99000030014 7

FILED
99 NOV 29 PM 1:51
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000047741

1 Corporation Name

PHYNYTE THERAPEUTIC MANAGEMENT, INC;

Principal Place of Business
2650 HUNTER CT.
WESTON, FL 33331

Mailing Address
SAME

REINSTATEMENT

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

2 New Principal Office Address, If Applicable
15970 W. STATE RD 84
Suite, Apt. #, etc.
222
City & State
WESTON, FL
Zip
33326
Country
USA

3 New Mailing Office Address, If Applicable
15970 W. STATE RD 84
Suite, Apt. #, etc.
222
City & State
WESTON, FL
Zip
33326
Country
USA

4 Date Incorporated or Qualified To Do Business In Florida

5 FEI Number
XX Applied For
Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

7 Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Name Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	JEFFREY HENNES	15970 W. STATE RD 84 #222	WESTON, FL 33326

8 Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

9 Name and Address of New Registered Agent

Name
NEALE J. POLLER, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
550 BILTMORE WAY
Suite, Apt. #, Etc
700
City
Coral Gables
State
FL
Zip Code
33134

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
NEALE J. POLLER, ESQ.
REGISTERED AGENT MUST SIGN

Date 11/24/99

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 of the reserve 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: Jeffrey Hennes President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 217 5070
Daytime Phone #

JEFFREY HENNES, PRESIDENT

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : CAMNER, LIPSITZ AND POLLER, PROFESSIONAL ASSOCIATION
Account Number : 075410001634
Phone : (305)442-4994
Fax Number : (305)442-2389

CORPORATION REINSTATEMENT

PHYNYTE THERAPEUTIC MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$750.00