

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -2 PM 1:15

DOCUMENT # P98000075734

1. Corporation Name

Physicians Healthcare Group, Inc

400003417954--5

-10/09/00--01007--005

****300.00 ****300.00

REINSTATEMENT 99-01

2. Principal Office Address

400 W. 49th St.

Suite, Apt. #, etc.

Suite 448

City & State

Hialeah, Florida

Zip Country

33012 USA

3. Mailing Office Address

418 Vilabella Avenue

Suite, Apt. #, etc.

—

City & State

Coral Gables, Florida

Zip Country

33146 USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/98

5. FEI Number

65-086-0318

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel Keil, m PA

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

3165 West 4th Avenue

Suite, Apt. #, Etc.

City

Hialeah, Florida

State

FL

Zip Code

33012

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

8-21-00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Aimee Gonzalez	418 Vilabella Avenue	Coral Gables FL 331

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/21/00

Daytime Phone #

305
450 7789