

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 2:28

DOCUMENT # P98000089353

1. Corporation Name

DAME PRACTICE MANAGEMENT, INC.

Principal Place of Business

3853 SERUBI AVE
LAKE WORTH FL 33461

Mailing Address

3853 SERUBI AVE
LAKE WORTH FL 33461

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

2. New Principal Office Address, If Applicable

2440 Ocean Trail
Vero Beach
Florida
32963 U.S.

3. New Mailing Office Address, If Applicable

2440 Ocean Trail
Vero Beach
Florida
32963 U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1998

5. FEI Number

65-0869947

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DAME, BARBARA	3853 SERUBI AVE	LAKE WORTH FL 33461
D	DAME, BARBARA	2440 Ocean Trail	Vero Beach FL 32963

800008593168
10/25/02 01054 025 ***150.00

8. Name and Address of Current Registered Agent

DAME, BARBARA
3853 SERUBI AVE
LAKE WORTH FL 33461

9. Name and Address of New Registered Agent

Name

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

City, Apt. #, Etc.

City

State
FL

Zip Code

32963

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/02

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 19.07(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(H) (772) 492-4063
10/24/02 (4772) 492-0782
Date Daytime Phone #

CR2E040 (8/02)