

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000090909**

1. Corporation Name

PHYSICIANS PAIN AND REHAB CENTER, INC.

Principal Place of Business

**3837 HOLLYWOOD BLVD
HOLLYWOOD FL 33021**

Mailing Address

**3837 HOLLYWOOD BLVD
HOLLYWOOD FL 33021**

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

10/26/1998

5. FEI Number

65-0877408

Applied For

Not Applicable

6. ☐ CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status



600024713856
11/14/03--01074--018 **150.00

FILED

03 DEC 24 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BONNEAU, DENNIS	1121 S PARK RD #102 3837 Hollywood Blvd.	HOLLYWOOD FL 33021 33021

REINSTATEMENT

8. Name and Address of Current Registered Agent

**BERGMAN SPIEWAK & CO, PA
499 NW 70 AVE
#116
PLANTATION FL 33317**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

Dennis H. Bonneau 11/11/03 954-986-0770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

12/24/03

To: Division of Corporations

Attention: Tina - Fax # 850-245-6017

From: Leah Bonneau - Tel # 954-986-0770

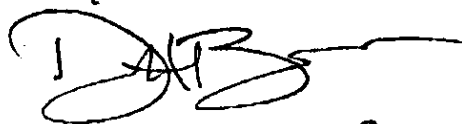
Re: Physicians Pain & Rehab Center

Document # 98 0000 90909

Tina,

Our company never received the UBR Form.
Please take this into consideration.

Thank You,



Dennis Bonneau - President

Physicians Pain & Rehab Center, Inc.

November 12, 2003

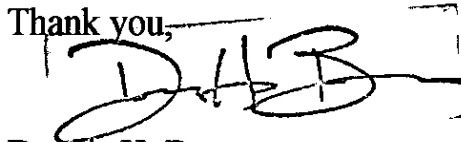
State Of Florida
Department of State

RE: PHYSICIANS PAIN & REHAB CTR, INC.
DOCUMENT # P98000090909

In October, our office was made aware that our accounting firm never filed our 2003 Corporation fees. The accounting firm states that they were moving their office location with many employee changes and for some reason it was overlooked. We are requesting that you waive the reinstatement fee if possible.

Please contact our office at 954-443-8005 if you require further assistance.

Thank you,



Dennis H. Bonneau
President

954- 986 0770