

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 FEB 22 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000099397

1. Corporation Name

Doctor's Preferred Center Inc.

2. Principal Office Address

7171 CORAL WAY #210  
MIAMI FL 33155

3. Mailing Office Address

7171 CORAL WAY #210  
MIAMI FL 33155

Suite, Apt. #, etc.

#210

Suite, Apt. #, etc.

#210

City & State

MIAMI

City & State

MIAMI

Zip

33155

Country

USA

Zip

33155

Country

USA

**REINSTATEMENT**

00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

11/30/98

5. FEI Number

65-0878376

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

TINA L ROSARIO

000003783030-4

02/27/01-01093-006

\*\*\*\*900.00 \*\*\*\*910.00

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

9421 FOUNTAINEBLEAU #114

Suite, Apt. #, Etc.

#114

City

MIAMI

State

FL

Zip Code

33192

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 2-15-01

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
PD	TINA L ROSARIO	9421 FOUNTAINEBLEAU #114	MIAMI FL 33155

LS

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01

Date

Daytime Phone #

CR2E081 (9/00)