

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 2:18

DOCUMENT # P99000053551

1. Corporation Name

B. W. MEDICAL GROUP, INC.

Principal Place of Business

19315 NW 60TH AVE
MIAMI LAKES FL 33074
US

Mailing Address

28558 W MCNAB RD
POMPANO BEACH FL 33069
US



REINSTATEMENT 01

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.
2859 W. McNab Rd.

City & State
Pompano Beach, FL

Zip
33069

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
2859 W. McNab Rd.

City & State
Pompano Beach, FL

Zip
33069

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/1999

5. FEI Number

65-0929368

Applied **SP**

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|---|
| CFOD | KARST, BRADFORD | 28558 W MCNAB RD | POMPANO BEACH FL 33069 <i>Delete</i> |
| CEOD | TRANK, JEFFREY H | 28558 W MCNAB RD 2859 W. McNab Rd. | POMPANO BEACH FL 33069 |
| PDS | RUMBLE, RICHARD M | 28558 W MCNAB RD | POMPANO BEACH FL 33069 <i>Delete</i> |
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****750.00 ****750.00

8. Name and Address of Current Registered Agent

DUNCANSON, NICOLE
C/O FAMS
2859 WEST MCNAB ROAD
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Nicole Duncanson
SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

Jeffrey Trank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/01

Date

(954) 984-1844

Daytime Phone #

JEFFREY TRANK