

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000061295

1. Corporation Name

441 MEDICAL OF PLANTATION, INC.

2. Principal Office Address - No P.O. Box #

1030 S STATE RD 7

3. Mailing Office Address

1030 S STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION, FLORIDA

City & State

PLANTATION, FLORIDA

Zip

33317

Country

US

Zip

33317

Country

US

**4. Date Incorporated or Qualified
To Do Business In Florida**

1998

**5. FEI Number
65-0932837**

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

DR RICHARD POMELLA

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

1030 S STATE RD 7

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33317

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **05/06/2009**

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	RICHARD POMELLA	2850 NE 35TH ST	FT LAUDERDALE, FL 33306

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 contained in Chapter 119, 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:

DR RICHARD POMELLA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/06/2009

Date

954-581-3333

Daytime Phone #

FILED
09 MAY 11 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800155774088
05/11/09--01042--010 **750.00

REINSTATEMENT 08-09