

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT -8 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99 0000 68907

1. Corporation Name

Southeastern Professional
Medical Consultants, Inc.

2. Principal Office Address

9672 Pines Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 267591

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Weston, Florida

Zip

Country

33026

USA

Zip

Country

33326

USA

REINSTATEMENT

00-01

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

8/3/1999

5. FEI Number

65-0938827

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

Marissa Brown

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

2645 Executive Park Drive

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33331

400004641994-7

-10/18/01--01067-001

****900.00 ****900.00

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

17 Sept. 2001

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
P	Marissa Brown	2645 Executive Park Dr.	Weston, FL 33331
			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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

17 Sept. 2001 954-385-3893

CR2EDM1 (9/00)