

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000073326

1. Corporation Name

PRIORITYCARE OF AMERICA, INC.

Principal Place of Business

2356-A WINTERWOODS BLVD.
WINTER PARK FL 32792

Mailing Address

2356-A WINTERWOODS BLVD.
WINTER PARK FL 32792

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

08/12/1999

5. FEI Number

593598733

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	MOLINA, TRINIDAD	2356-A WINTERWOODS BLVD.	WINTER PARK FL 32792
D	MOLINA, TRINIDAD	2356-A WINTERWOODS BLVD.	WINTER PARK FL 32792

9000003505949--3
-12/19/00--01064--020
****750.00 ****750.00

8. Name and Address of Current Registered Agent

STEPHAN, THOMAS L
251 MAITLAND AVE., STE. 302
ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent

Name

MOLINA, TRINIDAD

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

2356 WINTERWOODS BLVD.

Suite, Apt. #, Etc.

A

City

WINTER PARK

State

FL

Zip Code

32792

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

Trinidad Molina
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/12/00

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

Trinidad Molina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE
10/12/00
(407) 679-0159