

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
DIVISION OF CORPORATIONS

00 OCT 19 PM 2:43

DOCUMENT # **P99000088283**

1. Corporation Name

SUN CENTER MEDICAL I, INC.

Principal Place of Business

1590 NORTHEAST 162ND STREET
NORTH MIAMI BEACH FL 33162

Mailing Address

1590 NORTHEAST 162ND STREET
NORTH MIAMI BEACH FL 33162



REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/06/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0989640	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	JACOBSON, PAUL DO	1590 NORTHEAST 162ND STREET	NORTH MIAMI BEACH FL 33162
			200003457922--5 -11/09/00--01009--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ZIPKIN, SHELDON ESQ 2020 NE 163RD STREET NORTH MIAMI BEACH FL 33162		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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 *[Signature]* **SIGNATURE REQUIRED** Date 10/15/00
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: *[Signature]* **SIGNATURE REQUIRED** Date 10/15/00 3059455437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #