

APPLICATION FOR



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

FILED

00 OCT 26 PM 3:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000101068**

1. Corporation Name
CROSSWALK PAIN & COUNSELING CENTER, INC.

Principal Place of Business Mailing Address
 3111 UNIVERSITY DRIVE *3239 N. State Rd 7*
 SUITE 725 *Margate, FL 33063*
 CORAL SPRINGS FL 33065 *Margate, FL 33065*



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 | |
| <i>3239 State Road 7</i> | | <i>3239 State Road 7</i> | | <i>11/18/1999</i> | |
| Suite, Apt. #, etc. <i>3239 State Road 7</i> | | Suite, Apt. #, etc. <i>Margate Florida</i> | | 5. FEI Number <i>65-0959904</i> | |
| City & State <i>Margate Florida</i> | | City & State <i>Margate Florida</i> | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| Zip <i>33063</i> | Country <i>USA</i> | Zip <i>33063</i> | Country <i>USA</i> | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |

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 |
|------------|-------------------------------------|--|------------------------|
| PSD | HENRY, ROBERT A | 3111 UNIVERSITY DRIVE SUITE 725 | CORAL SPRINGS FL 33065 |
| VTD | RIFKIN, JEFFREY | 3111 UNIVERSITY DRIVE SUITE 725 | CORAL SPRINGS FL 33065 |
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| | | | |
|--|--|---|--|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | Name <i>Jeffrey Rifkin</i> Street Address (P.O. Box Number is Not Acceptable) <i>3239 N. State Rd 7</i> Suite, Apt. #, Etc. City <i>Margate</i> State FL Zip Code <i>33063</i> | |

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 *Jeffrey Rifkin* **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: *Robert A. Henry* **SIGNATURE REQUIRED** Robert A. Henry *10/14/00 (854) 255 7811*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CrossWalk Pain and Counseling Center, Inc.
3239 N. State Road 7
Margate, FL 33063

October 12, 2000

Florida Department of State
Division of Corporations

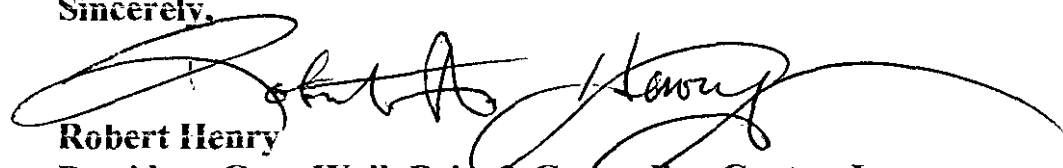
To Whom It May Concern,

I am writing this letter as per my phone conversation with one of your agents. He explained that I needed to put in writing the reason for our corporation failing to send in our annual report.

To explain, firstly let me say that our corporation was formed in November, 1999. Secondly, we NEVER received mail from the Department of State requesting an annual report.

I am therefore sending along our check for \$150.00 and ask that you please reinstate our corporation as quickly as possible.

Sincerely,



Robert Henry
President-CrossWalk Pain & Counseling Center, Inc.