

APPLICATION  
FOR



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

FILED

OCT 26 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000101068

1. Corporation Name

CROSSWALK PAIN & COUNSELING CENTER, INC.

Principal Place of Business

3111 UNIVERSITY DRIVE  
SUITE 725  
CORAL SPRINGS FL 33065

Mailing Address

3111 UNIVERSITY DRIVE  
SUITE 725  
CORAL SPRINGS FL 33065

3239 N. State Rd 7  
Margate, FL 33063

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.

3239 State Road 7

City & State

Margate Florida

Zip

33063

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

3239 State Road 7

City & State

Margate Florida

Zip

33063

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/1999

5. FEI Number

65-0959904

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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

000003463670--4  
-11/15/00--01018--013  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

000003463670--4  
-11/15/00--01018--013  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: Jeffrey Rifkin  
Street Address (P.O. Box Number is Not Acceptable)  
3239 N. State Rd 7  
Suite, Apt. #, Etc.  
City: Margate  
State: FL  
Zip Code: 33063

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Henry  
Date: 10/11/00 (654) 255 7811  
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.