

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

96-97-28

Read Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # 549190**
AFFIRMED MEDICAL OF FLORIDA, INC.
10211 NW 53rd Street
Sunrise, FL 33351

2. If Address in Block 1 is incorrect in any way, enter the correct address below:
Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida
April 29, 1991

5. FEI Number
65-0255871

FEI Number Applied For
FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**
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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	Scott Siegel	10211 NW 53rd Street	Sunrise, FL 33351

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Scott Siegel
Affirmed Medical of Florida, Inc.
10211 NW 53rd Street
Sunrise, FL 33351

9. If changed, new registered agent / office

Name
Andrew L. Mann, P.A.

Street Address (Do NOT Use P.O. Box Number)
8211 W. Broward Blvd., Suite 310

Street Address (Do NOT Use P.O. Box Number)

City State Zip
Plantation FL 33324

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

Date **4/21/97**

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Scott Siegel

Date **4/21/97**

Daytime Phone # **954/749-8833**

CR040 (8/92)