

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 18 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S99851

1 Corporation Name

Patrice Crawford, R.N., Inc.

DBA/All Nursing Services

Principal Place of Business

Mailing Address

612 NE 26th Street same
Wilton Manors, FL. 33305

REINSTATEMENT *96*

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable

n/a

3 New Mailing Address, If Applicable

n/a

4 Date Incorporated or Qualified
To Do Business in Florida
12/21/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

65-02999-85

Applied For

Not Applicable

City & State

City & State

6

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
(for Certificate of Status)

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

1	2	3	4
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Patrice Crawford	2517 Middle River Drive	Ft. Lauderdale, FL 33305

500002039225--9
-12/27/96--01054--006
***383.75 ***383.75

JB12-18-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Alan Rothberg CPA
3101 No. Federal Highway #302
Ft. Lauderdale, FL 33306

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

Alan Rothberg CPA

REGISTERED AGENT MUST SIGN

Date *12/3/96*

11. 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.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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:

Patrice Crawford

Patrice Crawford

12/1/96

954-568-6988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)