PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 JAN 19 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600563

1. Corporation Name

DRS. BELLE AND ARIAS PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
100 HAMPTON LANE KEY BISCAYNE, FL 33149	100 HAMPTON LANE KEY BISCAYNE, FL 33149

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

REINSTATEMENT 96-DC

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida NOVEMBER 12, 1968

5. FEI Number 59-1223717 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	LUIS ARIAS	100 HAMPTON LANE	KEY BISCAYNE FL 33149

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-01/26/00--01108--013
***1358.75 ***1358.75

8. Name and Address of Current Registered Agent

Kenneth Bloom
801 Brickell Avenue, #1401
Miami, FL 33131

9. Name and Address of New Registered Agent

Name: Luis Arias
Street Address (P.O. Box Number is Not Acceptable): 100 Hampton Lane
Suite, Apt. #, Etc.:
City: Key Biscayne | State: FL | Zip Code: 33149

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 1.14.00
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: _____ LUIS ARIAS 1.14.00 305-361-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LUIS I. ARIAS. M.D.