

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2014-2017

17 29

DOCUMENT # 601735

1. Corporation Name

GENERAL & VASCULAR SURGICAL ASSOCIATES, P.A.

2. Principal Office Address - No P O Box #

18350 NW 2nd Ave

3. Mailing Office Address

Same

Suite, Apt #, etc

Suite 614

Suite, Apt #, etc

Same

City & State

Miami Gardens, FL

City & State

Zip

33169

Country

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1969

5. FEI Number

59-1279433

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Brian L Cameron

Street Address (P.O. Box Number is Not Acceptable)
18350 NW 2nd Ave

Suite, Apt #, Etc
Suite 614

City
Miami Gardens

State
FL

Zip Code
33169

100900919781
06/23/17--01029--014 **200.00
100900919781
06/23/17--01029--015 **500.00
100900919781
06/23/17--01029--012 **300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Brian L Cameron
REGISTERED AGENT MUST SIGN

Date 06/28/2017

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	John Robertson Jr	18350 NW 2nd Ave Ste 614	Miami Gardens, FL 33169
VP	Brian L Cameron	18350 NW 2nd Ave Ste 614	Miami Gardens, FL 33169

10. E-mail Address: help@gvsafloida.com

(To be used for future annual report notification)

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. and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Brian L Cameron