

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

97 NOV 26 PM 3:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S24432**

1. Corporation Name
FERTILITY & IVF CENTER OF MIAMI, INC.

Principal Place of Business
8950 NO. KENDALL DR.
STE. 103
MIAMI FL 33176

Mailing Address
8950 NO. KENDALL DR.
STE. 103
MIAMI FL 33176



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/11/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **65-0236322**

Applied For
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
P/D	JACOBS, MICHAEL	8950 N. KENDALL DR. #103	MIAMI FL 33176

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-12/03/97--01070-016
****758.75 ****758.75

8. Name and Address of Current Registered Agent

~~FLORIDA REGISTERED AGENTS, INC.
100 S.E. 2ND ST.
3000
MIAMI FL 33131~~

9. Name and Address of New Registered Agent

Name **Julie M. Jacobs**
Street Address (P.O. Box Number is Not Acceptable)
8950 North Kendall Drive
Suite, Apt. #, Etc.
ste 103
City **Miami**
State **FL** Zip Code **33176**

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date **11/24/97**

11. This corporation owes or has paid 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/24/97** Daytime Phone # **(305) 596-4013**

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