

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 NOV -4 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J61684**

1. Corporation Name

**BENJAMIN BEFELER, M.D., HIALEAH AMBULATORY, IN  
C.**

Principal Place of Business

Mailing Address

TRULLENQUE, ANTHONY, ESQUIRE  
840 E. 25TH STREET  
HIALEAH FL 33013  
US

C/O TRULLENQUE, ANTHONY, ESQUIRE  
7008 BONITA DRIVE  
MIAMI BEACH FL 33141  
US



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

2. New Principal Office Address, If Applicable

**BENJAMIN BEFELER, MD**

3. New Mailing Office Address, If Applicable

**SAME AS ABOVE**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/13/1987**

Suite, Apt. #, etc.

**840 E. 25TH STREET**

Suite, Apt. #, etc.

5. FEI Number

**59-1802055**

Applied For

Not Applicable

City & State

**HIALEAH, FLORIDA**

City & State

Zip **33013**

Country

**DADE**

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	BEFELER, BENJAMIN	840 E 25TH ST	HIALEAH FL

600002000776--5

-11/08/96--01090--016

\*\*\*\*375.00 \*\*\*\*375.00

JB11-7-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRULLENQUE, ANTHONY E  
7008 BONITA DRIVE  
100 SE 2ND STREET 28TH FLOOR  
MIAMI BEACH FL 33141

Name

**BENJAMIN BEFELER, MD**

Street Address (P.O. Box Number is Not Acceptable)

**840 E. EAST 25TH STREET**

Suite, Apt. #, Etc.

City **HIALEAH**

State  
**FL**

Zip Code  
**33013**

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

*Benjamin Befeler* **SIGNATURE REQUIRED**

Date **10-31-96**

REGISTERED AGENT MUST SIGN

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 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:

*Benjamin Befeler* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-96 (305) 868-5365

Date

Daytime Phone #

CP-20040 (7/96)