

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 11 PM 5:13

DOCUMENT # 600080

1. Corporation Name

DRS. SEGALL, HERZBERG and RETTER PROFESSIONAL
ASSOCIATION
4302 Alton Road, Suite 750
Miami Beach, FL 33140

100003436461--1
-10/24/00--01041--003
****758.75 ****758.75

2. Principal Office Address

4302 Alton Road

Suite, Apt. #, etc.

Suite 750

City & State

Miami Beach, FL

Zip

33140

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1961

5. FEI Number

59-0941578

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Peter Segall, M.D.

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

4302 Alton Road

Suite, Apt. #, Etc.

Suite 750

City

Miami Beach, FL 33140

State

FL

Zip Code

33140

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

[Signature]
REGISTERED AGENT MUST SIGN

Date October 6, 2000

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
P/T/D	Peter Segall, M.D.	4302 Alton Road, Suite 750	Miami Beach, FL 33140
V/S/D	Bernard Herzberg, M.D.	4302 Alton Road, Suite 750	Miami Beach, FL 33140

10. 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 number of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/00

Date

305-532-4502

Daytime Phone #