

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 22 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000063776

1. Corporation Name

MIAMI ENDOCENTER CORP.

2. Principal Office Address

7500 SW 87 Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida 73

Zip

33173

Country

US

3. Mailing Office Address

7500 SW 87 Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Miami, Florida 73

Zip

33173

Country

US

REINSTATEMENT 99-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEL Number

65-0851365

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

LEAVITT, JAMES

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

7500 SW 87 Avenue

Suite, Apt. #, Etc.

Suite 200

City

Miami

State

FL

Zip Code

33173

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

REGISTERED AGENT MUST SIGN

Date

2/25/02

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	Leavitt, James	7500 SW 87 Avenue, #200	Miami, Florida 33173
TD	Goldberg, Harris I.	7500 SW 87 Avenue, #200	Miami, Florida 33173
D	Lederhandler, Marc	7500 SW 87 Avenue, #200	Miami, Florida 33173
D	Schwartz, Howard I.	7500 SW 87 Avenue, #200	Miami, Florida 33173
S	Llaneza, Pedro	7500 SW 87 Avenue, #200	Miami, Florida 33173

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 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: JAMES LEAVITT, M.D., President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

Date

305-913-0666

Daytime Phone #

CR2E081 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 7, 2002

MIAMI ENDOCENTER CORP.
7500 SW 87TH AVENUE
SUITE 200
MIAMI, FL 33173

TELEPHONE # 305-913-0666

SUBJECT: MIAMI ENDOCENTER CORP.
Ref. Number: P98000063776

CORRECTED DOCUMENT
ATTACHED.

THANK YOU.

We have received your document for MIAMI ENDOCENTER CORP. and check(s) totaling \$1200.00. However, your check(s) and document are being returned for the following:

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 702A00013845

FID # 65-0851365