

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary Mortimer
 State of Florida
 DIVISION OF CORPORATIONS

96-98 AR

FILED

98 DEC 10 AM 9:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **519100**

1. Corporation Name
**HEARING AND SPEECH CENTER
 OF MIAMI BEACH, INC.**

Principal Place of Business Mailing Address

**460 ARTHUR GODFREY RD #402
 MIAMI BEACH, FL 33140**

500002711725--3
 -12/14/98-01095--001
 \$15.00 *\$15.00

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

| | | |
|--|--|--|
| 2. New Principal Office Address, If Applicable 4302 ALTON RD | 3. New Mailing Office Address, If Applicable 4302 ALTON RD | 4. Date Incorporated or Qualified To Do Business in Florida |
| Suite, Apt. #, etc. THIRD FLOOR ROOM 11 | Suite, Apt. #, etc. THIRD FLOOR ROOM 11 | 5. FEI Number 59-1709822 |
| City & State MIAMI BEACH FL | City & State MIAMI BEACH, FL | Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip 33140 | Country USA | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |

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

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| President | A. CLIFFORD FOSTER, M.D. | 182 4302 ALTON RD #650 | MIAMI BEACH FL 33140 |
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| | | | |
| | | | |

TS. 95-98 12/11/98

| | |
|--|---|
| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
| A. CLIFFORD FOSTER 4302 ALTON ROAD #650 MIAMI BCH, FL 33140 | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL |

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 **A Clifford Foster, M.D.** Date **12-7-98**
 REGISTERED AGENT MUST SIGN

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)(f), 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: **A Clifford Foster, M.D.** **A. CLIFFORD FOSTER, M.D.** 12-7-98 305 531-7637
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)

12/4/98

Dept. of State -

To Whom it May Concern,

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Attached is our application for reinstatement.

We request that you waive the penalties, we moved our offices in 1995 and never received our annual report. We are enclosing a check for \$515.- for annual fees for prior years. If you have any questions or need additional information, please call me at 305-531-7637.

Thank you,

Richard E. Smith, MD
President