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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Bandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 529310

1 Corporation Name
Norman N. Brooks MD PA.

Principal Place of Business Mailing Address
1313 NE 125th ST.
North Miami, FLA. 33161

REINSTATEMENT 89-97

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	
State, Apt. #, etc.		State, Apt. #, etc.		N/A	
City & State		City & State		5. FEI Number	
Zip		Country		59 175630	
				Applied For (Not Applicable)	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

7. Names and Street Addresses of Each Officer and/or Director (Florida for-profit 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
P	Norman N. Brooks	1313 NE 125th St N. Miami, FLA. 33161	

500002363305
-12/04/97-01090-02
***1758.75 ***1758.75

12-1-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Norman N Brooks 1313 NE 125th St State, Apt. #, Etc. City North Miami State FL Zip Code 33161	

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0302, F.S.
Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date 11-25-97

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 of the receiver or trustee empowered to execute this application as provided for in chapter 607 of 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 110.07(3)(b), F.S. This 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] President Date 11-25-97 305-893-2878
REINSTATEMENT AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR