PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

108

CORPORATION REINSTATEMENT

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

01 02 UBR

FILED
02 FEB 26 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 601598

1. Corporation Name

ISAAC EGOZI, M.D.,P.A.

300005096873--1
-03/12/02--01042-025
****150.00 ****150.00

2. Principal Office Address	3. Mailing Office Address
19495 BISCAYNE BLVD.	P.O. BOX 416627
Suite, Apt. #, etc.: SUITE 705	Suite, Apt. #, etc.:
City & State: AVENTURA, FL	City & State: MIAMI BEACH, FL
Zip: 33180 Country:	Zip: 33141 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/28/1969

5. FEI Number: 59-1275925 ☐ 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: LEON EGOZI

300005096873--1
-03/12/02--01042-025
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 19495 BISCAYNE BLVD.

Suite, Apt. #, Etc.: SUITE 705

City: AVENTURA | State: FL | Zip Code: 33180

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 _____ Date 2/11/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	ISAAC EGOZI	1830 DAYTONIA RD.	MIAMI BEACH, FL 33141

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: Isaac Egozi MD — 2-11-02 — (305) 937-1669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32524F.1

Leon Egozi, P.A.

Certified Public Accountant

19495 Biscayne Boulevard, Suite 705
Aventura, Florida 33180

Phone: (305) 937-2664
Fax: (305) 937-0128

2002

February 11, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Isaac Egozi, M.D., P.A.
Document # 601598

Gentlemen:

The above referenced corporation was administratively dissolved for failure to file the 2001 Uniform Business Report. The corporation never received the UBR reports because it changed its mailing address. The correct mailing address is: P.O. Box 416627, Miami Beach, Florida 33141-8627276.

Enclosed is the completed Corporation Reinstatement form and a check for $150.00 for the 2001 filing fee. Also, we are including the completed 2002 UBR report and a check for $150.00 for the 2002 filing fee.

Kindly waive the penalties and reinstate the corporation.

Sincerely,

CPA

Leon Egozi, P.A.
Certified Public Accountants