APR-25-2002(THU) 11:11 CARLTON FIELDS

Apr 24 02 04:47p MORTON S CORIN 3058219825

APR-24-2002(WED) 15:58 CARLTON FIELDS

FILED
02-APR-25 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # 604453

1. Corporation Name
Drs. Corin and Goldberg, M.D., P.A.

2. Principal Office Address	3. Mailing Office Address
7100 W. 20th Ave.	
Suite 512	
Hialeah, Florida	
Zip: 33016 Country: Dade	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 06/29/1973

5. FEI Number: 59-1464636 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CFRA, LLC

Street Address (P.O. Box Number is Not Acceptable): One Harbour Place, 5th Floor

Suite, Apt. #, Flr: 777 S. Harbour Island Blvd.

City: Tampa State: FL Zip Code: 33602-5730

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of Registered Agent: David W. Jamison II Date: 4/24/02
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Morton Corin	7805 S.W. 141st St.	Miami, FL 33158

10. I certify that I am an officer or director of the corporation 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., any all taxes owed by the corporation have been paid and the names of incorporators listed on this form do not qualify for an exemption under section 110.07(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: Morton Corin, President 4/24/02. (305) 821-5220
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CARLTON FIELDS
Account Number : 076077000355
Phone : (813)223-7000
Fax Number : (813)229-4133

CORPORATION REINSTATEMENT

DRS. CORIN AND GOLDBERG, M.D., P.A.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,058.75