

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Hargis  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 661630

1. Corporation Name

MIAMI MEDICAL CONSULTANTS, P.A.

Principal Place of Business

1200 S.W. 2ND AVENUE  
C/O EDWARD E. CAVA  
MIAMI FL 33130

Mailing Address

1200 S.W. 2ND AVENUE  
C/O EDWARD E. CAVA  
MIAMI FL 33130

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/1980

5. FEI Number

59-1988093

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	CAVA, ROBERT	1200 S.W. 2ND AVE.	MIAMI FL

200004704962--0

-12/05/01--01002--020

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

CAVA, ROBERT  
1200 SW 2ND AVE.  
MIAMI, FL EFL-33130

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/13/01

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/01

Date

Daytime Phone #

FILED  
Nov 19, 2001 8:00 A.M.  
Secretary of State



REINSTATEMENT 01

CR2E040 (8/01)