

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 11 AM 9:09

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name **696075**
CARLOS E. STINCER M.D., P.A.

2. Principal Office Address - No P.O. Box #

3661 S MIAMI AVENUE

Suite, Apt. #, etc.

SUITE 801

City & State

MIAMI, FLORIDA

Zip

33133

Country

MIAMI-DADE

3. Mailing Office Address

3661 S MIAMI AVENUE

Suite, Apt. #, etc.

SUITE 801

City & State

MIAMI, FLORIDA

Zip

33133

Country

MIAMI-DADE

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/1981

5. FEI Number
592113340

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

CARLOS E. STINCER

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

3661 S MIAMI AVENUE

Suite, Apt. #, Etc.

SUITE 801

City

MIAMI, FLORIDA

State
FL

Zip Code
33133

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0303 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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
DP	CARLOS E. STINCER	3661 S MIAMI AVENUE, SUITE 801	MIAMI, FLORIDA 33133

REINSTATEMENT

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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 contained in Chapter 119, 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: X

Carlos E. Stincer
CARLOS E. STINCER

01/09/2008

305-856-3127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #