1 of 2

(H05000258620)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704430

1. Corporation Name
NATIONAL CHILDREN'S CARDIAC HOSPITAL, INC.

REINSTATEMENT (CREDIT (ONLY) 97-05

2. Principal Office Address	3. Mailing Office Address
1475 NW 12TH AVENUE	P. O. BOX 016960 D2-4
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33101 Country: USA	Zip: 33101-6960 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/17/1962

5. FEI Number: 590624458 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: LOURDES LA PAZ

Street Address (P.O. Box Number is Not Acceptable): 5915 Ponce de Leon

Suite, Apt. #, Etc.: Suite 10

City: Coral Gables, State: FL Zip Code: 33146

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: Lourdes La Paz (REGISTERED AGENT MUST SIGN) Date: 10/12/05

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
VD	LEVINSON, THOMAS	918 ALFONSO AVE.	CORAL GABLES, FL
VD	COHEN, EUGENE E.	6700 SW 117TH STREET	MIAMI, FL 33156
SD	SIEGEL, MARVIN H.	ROSENTIEL MEDICAL SCIENCE BLDG. #1147	MIAMI, FL 33101
D	CLOT, WILLIAM (MRS.)	6849 SW 119TH STREET	MIAMI, FL 33156
D	FOGEL, BERNARD J.	ROSENTIEL MEDICAL SCIENCE BLDG (R-689)	MIAMI, FL 33101
D	KLEIN, LEE (MRS.)	1750 NE 183RD STREET	NORTH MIAMI BEACH, FL 33160

10. 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 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: Marvin H. Siegel 10/31/05
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

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

From: Mary A. Daniels, Legal Asst.
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

CORPORATION REINSTATEMENT

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