

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 MAY 19 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 729488 (7)

1. Corporation Name

CUBAN SOCIETY OF SURGERY, INC.

Principal Place of Business

5959 N.W. 7th Street  
Miami, FL. 33126

Mailing Address

5959 N.W. 7th Street  
Miami, FL. 33126

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

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/1974

5. FEI Number

65-0105114

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	GUSTAVO PLASENCIA, M.D.	9195 Sunset Drive Suite 230	Miami, Florida 33173
T/D	RAFAEL DIAZ-YOSEREV, M.D.	8396 S.W. 8th Street	Miami, Florida 33144
S/D	MANUEL VIAMONTE, III, M.D.	9195 Sunset Drive Suite 230	Miami, Florida
V/AS/D	CAROLA CALDERIN	5959 N.W. 7th Street	Miami, Florida 33126
V/AT/D	ROBERTO TEJIDOR	5959 N.W. 7th Street	Miami, Florida 33126
D	MICHAEL J. MORA	701 N.W. 57th Avenue Suite 200	Miami, Florida 33126

8. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.  
5200 Blue Lagoon Drive  
Suite 700  
Miami, Florida 33126

9. Name and Address of New Registered Agent

Name  
MICHAEL J. MORA, ESQUIRE  
Street Address (P.O. Box Number is Not Acceptable)  
701 N.W. 57th Avenue  
Suite, Apt. #, Etc.  
Suite 200  
City  
Miami  
State  
FL  
Zip Code  
33126

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]*

REGISTERED AGENT MUST SIGN

Date

5/9/97

800002192378--6

-05/27/97--01172--004

\*\*\*330 on intangible tax\*\*\*

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

12. 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)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/97  
Date

264-1000  
Daytime Phone #

CR2040 (12/96)