

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 NOV 15 AM 11:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 732950

1. Corporation Name
THE GREATER MIAMI SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS, INC.

Principal Place of Business Mailing Address
~~7100 W 20TH AVE~~ ~~STE 110~~ ~~HALEAH FL 33016~~
 7100 W 20TH AVE
 STE 110
 HALEAH FL 33016



If any of these are incorrect in any way, line through incorrect information and enter correction below

2. Old Mailing Office Address, If Applicable
 Jesse Basadre
 Suite, Apt #, etc. 351-NW 42AV
 City & State MIAMI FL
 Zip 33126 Country DADR

3. New Mailing Office Address, If Applicable
 Jesse Basadre
 Suite, Apt #, etc. 351 NW 42 AV
 City & State MIAMI FL
 Zip 33126 Country DADR

4. Date Incorporated or Qualified To Do Business in Florida 06/04/1975
 5. FEI Number 59-1670308
 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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
STD PD	KELLY, MICHAEL E (PRESIDENT)	8940 N KENDALL DR, #903 E	MIAMI FL 33176 T
PD	GARDIN, ONELIO M	7100 W 20TH AVE #110	HALEAH FL
PED	BAKER, STEPHAN M	999 BRICKELL BAY DR, #1901	MIAMI FL
	Dr Bernabe Vazquez (PRESIDENT) Elect	3661 S Miami Ave #501	Miami 33133 T
	Dr Jesse Basadre Secretary Treasurer	351 NW 42 AV #501	MIAMI FL 33126 T

8. Name and Address of Current Registered Agent
~~STEPHAN BAKER MD PACS~~
 999 BRICKELL BAY DRIVE
 STE 1901
 MIAMI FL 33131

Jesse Basadre MD
 351 NW 42 AV
 # 501
 MIAMI FL 33126

9. Name and Address of New Registered Agent
 Name Jesse Basadre
 Street Address (P.O. Box Number is Not Acceptable) 351 NW 42 AV
 Suite, Apt. #, Etc. # 501
 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: Date: 10/20/99
 REGISTERED AGENT MUST SIGN

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: Date: 10/20/99
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #