

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 26 PM 4:13

DOCUMENT # 745200

1. Corporation Name
The Finlay Society Inc.

2. Principal Office Address
344 W 65 STREET

Suite, Apt. #, etc.
#204

City & State
Hialeah FL

Zip
33166

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida 12/12/78

5. FEI Number 59-2458507 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
VIVIAN J FIGUERAS
Street Address (P.O. Box Number is Not Acceptable)
1550 MADRUGA AVENUE
Suite, Apt. #, Etc.
#510
City
CORAL GABLES

700004618867-1
10/01/01-01032-006
****131.25 ****131.25

State Zip Code
FL 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

REGISTERED AGENT MUST SIGN

Date 7/24/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	ANTONIO M GORDON MD	344 W 65 ST #204	Hialeah FL 33166
S/T/D	JUAN PERES ESPINOSA D.O.	3600 NW 7 ST	Miami FL 33125
D	HERMINIO CUBERO MD	3842 S. Hordea Ave	Lakeland, FL 33813

8/9/28

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/01 (305)

Date

Daytime Phone #