

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN -9 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 760406

1. Corporation Name

Oak Plaza Professional Center, Inc.

2. Principal Office Address

8525 S.W. 92 Street

3. Mailing Office Address

8525 S.W. 92 Street

Suite, Apt. #, etc.

Suite B-6

Suite, Apt. #, etc.

Suite B-6

City & State

Miami, FL

City & State

Miami, FL

Zip

33156

Country

U.S.A.

Zip

33156

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/14/1981

5. FEI Number

59-2202958

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

400009982094

01/09/03--01027--009 \*\*735.00

REINSTATEMENT

95-02

**7. Name and Address of Current Registered Agent**

Name

Robert Schwabe

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

8525 S.W. 92 Street

Suite, Apt. #, Etc.

Suite B-6

City

Miami

State  
FL

Zip Code  
33156

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

*Robert H. Schwabe*

REGISTERED AGENT MUST SIGN

Date

1-6-03

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	Robert Schwabe	8525 S.W. 92 St., Ste B-6	Miami, FL 33156
V	Bette Ellen Quiat	8525 S.W. 92 St., Ste B-5	Miami, FL 33156
S/T	Robert A. Sterling, D.D.S.	8525 S.W. 92 St., Ste A-3	Miami, FL 33165
D	Claudia G. Arango	8525 S.W. 92 St., Ste B-7	Miami, FL 33156
D	Sharon Azoulay	8525 S.W. 92 St., Ste B-9	Miami, FL 33156

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:

*Robert H. Schwabe* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-6-03

Daytime Phone #

305/270-1990

ROBERT H. SCHWABE

91110

CR2ED01 (9/01)