

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 25 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766787

1. Corporation Name

Pan American Association of Oto-Rhino
Laryngology

2. Principal Office Address - No P.O. Box #

1475 N.W 12 AVE

Suite, Apt. #, etc.

(D-1) 4025

City & State

Miami, FL

Zip

33136

Country

USA

3. Mailing Office Address

1475 N.W 12 AVE

Suite, Apt. #, etc.

(D-1) 4025

City & State

Miami, FL

Zip

33136

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

1946

5. FEI Number

59-0779014

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

Dr. Roy Casiano

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

1475 N.W 12 AVE (D-1) 4025

Suite, Apt. #, Etc.

(D-1) 4025

City

Miami

State

FL

Zip Code

33136

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date Nov 18, 2009

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	Dr. Roy Casiano	1475 N.W 12 AVE	Miami, FL 33136
T	Dr. Simon Angeli	1475 N.W 12 AVE	Miami, FL 33136

100163098731
11/25/09 01004 019 **481.25

10. E-mail Address: Iperez3@Med.Miami.edu

(To be used for future annual report notification)

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. I further certify 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

Nov 18, 2009

Date

Daytime Phone #

11/22