

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -3 AM 11: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000003499

1. Corporation Name

BELLAGIU SURGICAL CENTER

2. Principal Office Address

2310 S DIXIE HWY

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33133

Country

USA

3. Mailing Office Address

2310 S DIXIE HWY

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33133

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
752975242

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04

7. Name and Address of Current Registered Agent

Name

NINA MENDIETA

Street Address (P.O. Box Number is Not Acceptable)
2310 S DIXIE HWY

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33133

900043810019
01/03/05--01047--016 **150.00

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 12/30/04

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
PSTD	NINA MENDIETA	3637 ROYAL PALM AVE	MIAMI, FL 33133

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

12/30/04

Date

(305)389-3101

Daytime Phone #

115 ad

Carlos B. Pargas And Associates, P. A., CPAs ²⁶

Registered Investment Advisor

*Certified Public Accountants • Computer Consultants • Comprehensive Financial Planners • Estate Planners
Pension Consultants • Financial Advisory Services • Personal Financial Restructuring Consultants*

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December 30, 2004

Division of Corporations
Annual Reports/Reinstatements
P. O. Box 6327
Tallahassee, Florida 32314-6327

Re: Bellagiu Surgical Center, Inc.- Document Number F02000003499-
FEI # 752975242

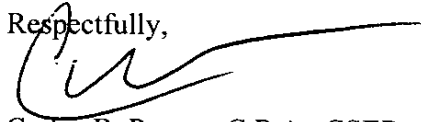
Gentlemen,

Please find enclosed application for reinstatement for above corporation along with
\$150 check payable to Department of State.

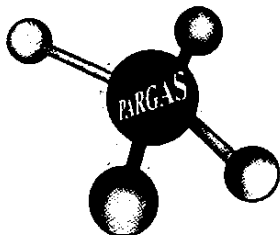
The registered agent never received an original application to file at the beginning
of the year at the mailing address on file.

Please consider the above as reasonable cause and process this reinstatement
application as submitted to you.

Respectfully,


Carlos B. Pargas, C.P.A., CSEP
Registered Investment Advisor

Enclosures (2)



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Tax Division and Personal Financial Planning Division
Visit us on the web: www.pargascpas.com