

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -4 PM 4:13

DOCUMENT # F41998

1. Corporation Name
FRANCISCO CASCANTE, M.D., P.A.

REINSTATEMENT 1997

Principal Place of Business 4950 S.W. 8TH ST. STE 404 P.O. BOX 140974 CORAL GABLES FL 33134	Mailing Address 4950 S.W. 8TH ST. STE 404 P.O. BOX 140974 CORAL GABLES FL 33134
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/01/1981	
City & State		City & State		5. FEI Number 59-2113615	
Zip		Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	CASCANTE, NANCY	4950 S.W. 8TH ST 404	CORAL GABLES FL
DP	CASCANTE, FRANCISCO, MD	4950 S.W. 8TH ST. 404	CORAL GABLES FL

5000002340955--5
-11/06/97--01119--023
****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CASCANTE, FRANCISCO, MD 4950 S.W. 8TH ST. STE 404 CORAL GABLES FL 33134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

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 of Registered Agent: Cascante MD REGISTERED AGENT MUST SIGN Date: 10/30/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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: Cascante MD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/30/97 Daytime Phone #: (305) 447-4540

CR2E040 (6/97)