

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
97 DEC -5 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **244152**

1. Corporation Name
ADOLFO M. VILASUSO, P.A.

Principal Place of Business Mailing Address
7800 RED ROAD STE 309 7800 RED ROAD STE 309
MIAMI FL 33143 MIAMI FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip

4. Date Incorporated or Qualified To Do Business in Florida **09/10/81**

5. FEI Number **59-2124966**
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$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
PMD	VILASUSO, ADOLFO M. MD	7800 RED ROAD STE 309	S. MIAMI FL 33143

400002369464--5
-12/11/97--01056--002
******165.00 ****165.00**

[Handwritten Signature]
12-8-97

8. Name and Address of Current Registered Agent
VILASUSO, ADOLFO M
7800 RED ROAD STE 309
S. MIAMI FL 33143

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 *[Handwritten Signature]* Date **11-26-97**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *[Handwritten Signature]* **11-26-97** **305-666-5837**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/95)