

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F95000003260**

1. Corporation Name

AMERICAN MEDICAL PLANS, INC

Principal Place of Business

**12000 BISCAYNE BLVD., STE 108
MIAMI FL 33181**

Mailing Address

**12000 BISCAYNE BLVD., STE 108
MIAMI FL 33181**

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

2. New Principal Office Address, If Applicable

1 SE 3 Ave., #2900

Suite, Apt. #, etc.

2900

City & State

Miami, FL

Zip

33131

Country

USA

3. New Mailing Office Address, If Applicable

1 SE 3 Ave., #2900

Suite, Apt. #, etc.

2900

City & State

Miami, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/1995

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

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
DC	DORNE, ALAN	12000 BISCAYNE BLVD., STE 108 1 SE 3 Ave., #2900	MIAMI FL 33181 Miami, FL 33131
DC	ELKINS, ROBERT N M.D.	12000 BISCAYNE BLVD., STE 108 1 SE 3 Ave., #2900	MIAMI FL 33181 Miami, FL 33131
D	HANSON, ERIC	12000 BISCAYNE BLVD., STE 108 1 SE 3 Ave., #2900	MIAMI FL 33181 Miami, FL 33131
D	RAONE, EARL	12000 BISCAYNE BLVD., STE 108 1 SE 3 Ave., #2900	MIAMI FL 33181 Miami, FL 33131
D	SIERRA, CAROLINA G M.D.	12000 BISCAYNE BLVD., STE 108 1 SE 3 Ave., #2900	MIAMI FL 33181 Miami, FL 33131
D	TABAK, MARK	12000 BISCAYNE BLVD., STE 108 1 SE 3 Ave., #2900	MIAMI FL 33181 Miami, FL 33131

8. Name and Address of Current Registered Agent

**CRAIG M. DORNE, P.A.
1 SE 3RD AVE.
SUITE 2900
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name **800002012808--0**
Street Address (P.O. Box Number is Not Applicable) **-11/22/96--01090--012**
Suite, Apt. #, Etc. **800002012808--0**
City **-11/22/96--01090--011**
State **FL** Zip Code **33131**

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

SIGNATURE REQUIRED

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

96 NOV 21 AM 11:13

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

REINSTATEMENT 9600