

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

97 DEC 26 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H10260

1. Corporation Name

Cardiology Associates of Miami, Inc.

Principal Place of Business

Mailing Address

600002385446-0
-12/30/97-01034-005
***1245.00 ***1245.00

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

2. New Principal Office Address, If Applicable 1295 N.W. 14th Street Suite, Apt. #, etc. Suite N City & State Miami, Florida Zip 33125 Country USA		3. New Mailing Office Address, If Applicable 1295 N.W. 14th Street Suite, Apt. #, etc. Suite N City & State Miami, Florida Zip 33125 Country USA		4. Date Incorporated or Qualified To Do Business in Florida June 28, 1994	
				5. FEI Number 59-2397160	
				Applied For 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
P/D	Fernando Amat, M.D.	1295 N.W. 14th St., Ste. N	Miami, FL 33125
S/T/D	Hector Jimenez, M.D.	1295 N.W. 14th St., Ste. N	Miami, FL 33125
D	Candido Diaz-Cruz, M.D.	1295 N.W. 14th St., Ste. N	Miami, FL 33125
D	Ildefonso J. Mas, Sr., M.D.	1295 N.W. 14th St., Ste. N	Miami, FL 33125
D	Roland Mendizabal, M.D.	1295 N.W. 14th St., Ste. N	Miami, FL 33125

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REINSTATEMENT

94-97

A. Alan
12/26/97

Name
American Information Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
One S.E. 3rd Avenue
Suite, Apt. #, Etc.
28th Floor
City
Miami
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
MARLA R. MAYSTER, VICE PRES. REGISTERED AGENT MUST SIGN

Date 12/19/97

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

Hector Jimenez, Director

12/19/97 305-305-0913
Date Daytime Phone #

CR2F040 (12/96)