

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
98-99
Janet B. Morris
Secretary of State
DIVISION OF CORPORATIONS

FILED

59 MAR -5 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H10260

1. Corporation Name

CARDIOLOGY ASSOCIATES OF MIAMI, INC.

Principal Place of Business

1295 N.W. 14TH STREET
SUITE N
MIAMI FL 33125

Mailing Address

1295 N.W. 14TH STREET
SUITE N
MIAMI FL 33125

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1984

5. FEI Number

59-2397160

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)

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
PD	AMAT, FERNANDO M.D.	1295 N.W. 14TH STREET, STE. N	MIAMI FL 33125
STD	JIMENEZ, HECTOR M.D.	1295 N.W. 14TH STREET, STE. N.	MIAMI FL 33125
D	DIAZ-CRUZ, CANDIDO M.D.	1295 N.W. 14TH STREET, STE. N	MIAMI FL 33125
D	MENDIZABAL, ROLAND M.D.	1295 N.W. 14TH STREET STE. N.	MIAMI FL 33125
			000002800710--2 -03/10/99--01058--002 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVENUE
28TH FLOOR
MIAMI FL 33131

9. Name and Address of New Registered Agent

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-5-99

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:

[Signature]

Fernando Amat MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99 305-325-8990

Date

Daytime Phone #

CR2ED40 (9/98)

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FERNANDO AMAT, M.D., P.A.

Cardiology

Cardiac Catheterization

Diplomate American Board of Internal Medicine and Cardiovascular Diseases

1295 N.W. 14th Street, Suite N
Miami, Florida 33125

Phone: (305) 325-8990
Fax: (305) 325-0859

February 5, 1999

Florida Department of State
Division of Corporations

RE: Cardiology Associates of
Miami, Inc.

Dear Sir:

I am in receipt of your statement that our Cardiology Associates of Miami, Inc. Corporation has been dissolved because of a lack of completing the corporate papers.

As I explained to you over the phone, this is the first time I have received a notice to fill out these forms.

Please, find enclosed a check for \$150.00 as you mentioned to continue with the same corporation.

Sincerely,



Fernando Amat, M.D.
President
Cardiology Associates of Miami, Inc.
FA/rs