

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 10001

APPROPRIATE
98AR
REINSTATEMENT

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

FILED

98 NOV 25 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H23172

1. Corporation Name

E.Z. INVESTMENT CORP.

Principal Place of Business

Mailing Address

4811 W. 4TH AVENUE
HIALEAH FL 33012

4811 W. 4TH AVENUE
HIALEAH FL 33012

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

09/28/1984

5. FEI Number

59-2658435

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PS	CAMARA, EFRAIN, M.D.	4811 W. 4TH AVE.	HIALEAH FL 33012
T	CAMARA, WILA M	4811 W. 4 AVENUE	HIALEAH FL 33012

600002703766--6
-12/04/98--01104--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EMANUEL, JOSEPH
7300 N KENDAL DR #530
MIAMI FL 33156

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

Date 11.16.98

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11.16.98 305-836-9225

CR2E040 (9/98)

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Efrain Camara, M.D. P.A.
INTERNAL MEDICINE - GASTROENTEROLOGY

4811 W. 4TH AVENUE
HIALEAH, FLORIDA 33012

TELEPHONE:
(305) 836-9725

November 18, 1998

DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
Tallahassee, FL 32314

RE: E.Z. INVESTMENTS CORP.

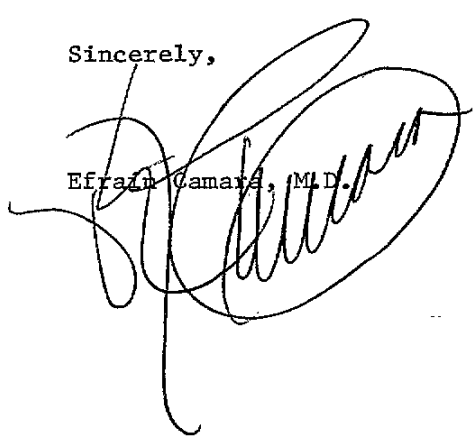
TO WHOM IT MAY CONCERN:

Enclosed is the completed reinstatement application and fee for above referenced corporation. Please be advised that we never received the first notice at our office. We spoke to your representative, Andy, and he instructed that we certify this in writing.

We have a second corporation by the name of EFRAIN CAMARA, M.D., P.A. for which documents were received and we did file in a timely manner.

Should you need any other information, please do not hesitate to contact me.

Sincerely,


Efrain Camara, M.D.

EC/ia