

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

96 DEC 27 AM 11:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H43522

1. Corporation Name

THE INSTITUTE FOR PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

Principal Place of Business

Mailing Address

% LAWRENCE B. ROBBINS, M.D.
820 ARTHUR GODFREY RD.
MIAMI BEACH FL 33140

% LAWRENCE B. ROBBINS, M.D.
820 ARTHUR GODFREY RD.
MIAMI BEACH FL 33140



REINSTATEMENT 9600

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		4. Date Incorporated or Qualified To Do Business in Florida 02/19/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1354215	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for 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
DP	ROBBINS, LAWRENCE B., MD	10238 W. BROADVIEW DR.	BAY HBR. ISLANDS FL

000002046400-4
-01/06/97-01017-016
****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBBINS, LAWRENCE B., M.D.
820 ARTHUR GODFREY RD.
MIAMI BEACH FL 33140

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

Lawrence B. Robbins
REGISTERED AGENT MUST SIGN

Date 12/24/96

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:

Lawrence B. Robbins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/96 (305) 673-6164
Date Daytime Phone #