

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 21 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J68457**

1. Corporation Name

Howard G. Scott, M.D., P.A.

2. Principal Office Address

8353 S.W. 124 Street

Suite, Apt. #, etc.

Suite 206

City & State

Miami, FL 33156

Zip

33156

Country

USA

3. Mailing Office Address

8353 S.W. 124 Street

Suite, Apt. #, etc.

Suite 206

City & State

Miami, FL 33156

Zip

33156

Country

USA

REINSTATEMENT

97-00

4. Date Incorporated or Qualified
To Do Business in Florida

4/16/87

5. FEI Number

59-2506241

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Manuel A. Garcia-Linares, Esquire

Street Address (P.O. Box Number is Not Acceptable)

201 S. Biscayne Boulevard, 10th Floor

Suite, Apt. #, Etc.

Miami, FL 33131

City

Miami

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date March 16, 2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-----------------|--------------------------------------|---|--|
| Dir. & Pres. | Howard G. Scott, M.D. | 8353 S.W. 124 Street Suite 206 | Miami, FL 33156 |
| Sec. | | | 100003195851-4 -04/04/00--01082--033 *****8.75 *****8.75 |
| Treas. | | | 100003195851-4 -04/04/00--01082--034 ***1200.00 ***1200.00 |
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10. 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:

HOWARD G. SCOTT, M.D.

Date

3/17/00

(305) 253-9872

Daytime Phone #

CR2E081 (9/99)