

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 DEC -9 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J91043

1. Corporation Name

MIAMI CANCER INSTITUTE & RESEARCH CENTER, INC.

Principal Place of Business

Mailing Address

741 N. GREENWAY DR.
CORAL GABLES FL 33134
US

P.O. BOX 143167
CORAL GABLES FL 33114-3167
US

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

7000 SW 62nd Ave Suite 100
South Miami, FL
City & State

Suite, Apt. #, etc.
P.O. Box 143167
City & State
Coral Gables, FL

Zip 33143 Country Dade

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1987

5. FEI Number

NOT APPLICABLE

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SUAREZ, GEORGE M.	741 N. GREENWAY DR.	CORAL GABLES FL 500003073255--1 -12/16/99--01095--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

SUAREZ, GEORGE M
741 N. GREENWAY DR.
CORAL GABLES FL 33134

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

REGISTERED AGENT MUST SIGN

Date

11. 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 #

(305) 740-0994

Miami Cancer Institute and Research Center

George M. Suarez, M.D., F.A.C.S., F.A.A.P.
Medical Director

October 14, 1999.

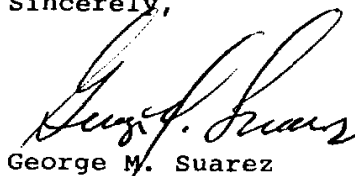
Florida Department Of State
Division Of Corporation

Re: Notice of Administrative
Dissolution Or Revocation

Please be advised that this is the first notice we have received for the corporation annual report. I do apologize for the delay, however we have been experiencing some mail difficulties, ever since we relocated. Enclosed you will find the application for reinstatement along with the fee required.

Your immediate attention, is greatly appreciated in this matter.

Sincerely,



George M. Suarez