


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 DEC 27 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # *K-11596*

1. Corporation Name
Miami Heart Associates, Inc.

2. Principal Office Address <i>4201 PALM AVE.</i>		3. Mailing Office Address <i>same</i>	
Suite, Apt. #, etc. <i>Suite 2A + 2D</i>		Suite, Apt. #, etc.	
City & State <i>HIALEAH, FLA.</i>		City & State ↓	
Zip <i>33012</i>	Country <i>USA</i>	Zip	Country

REINSTATEMENT *Joell*

4. Date Incorporated or Qualified To Do Business in Florida *1/12/88*

5. FEI Number *65-0042510* 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 *-new*

Name *Silvia Ibanez, Esq*

Street Address (P.O. Box Number is Not Acceptable) *7380 SAND LAKE RD*

Suite, Apt. #, Etc. *Suite 500*

City *ORLANDO* State *FL* Zip Code *32819*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent *Silvia Ibanez* Date *12/26/01*

REGISTERED AGENT MUST SIGN

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
<i>Pres & Dir</i>	<i>EDWARD F. SAFILLE</i>	<i>12701 KAPOK LN. DAVIE, FL 33330</i>	<i>DAVIE, FL. 33330</i>

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: *E. Safille* *- Pres -* Date *12/26/01* Daytime Phone # *(305) 362-6828*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20001 (8/00)



ACCOUNT NO. : 072100000032
 REFERENCE : 539740 9594A
 AUTHORIZATION :
 COST LIMIT : \$ PPD

 ORDER DATE : December 27, 2001
 ORDER TIME : 11:07 AM
 ORDER NO. : 539740-005
 CUSTOMER NO: 9594A

CUSTOMER: Sylvia Ibanez, Esq
 Silvia S. Ibanez, Esq
 Suite 196
 3956 Town Center Blvd.
 Orlando, FL 32837

DOMESTIC FILINGS

NAME: MIAMI HEART ASSOCIATES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
 EXAMINER'S INITIALS _____

RECEIVED
 01 DEC 27 AM 11:30
 DIVISION OF CORPORATION