

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 28 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K 11596**

1. Corporation Name

Miami Heart Associates, Inc.

2. Principal Office Address

4201 Palm Ave

Suite, Apt. #, etc.

STE 2D

City & State

Hialeah, Florida

Zip

33012

Country

U.S.

3. Mailing Office Address

4201 Palm Ave

Suite, Apt. #, etc.

STE 2D

City & State

Hialeah, Fla

Zip

33012

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

1/12/1988

5. FEI Number

650042510

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

LORI SAFILLE

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

4201 Palm Ave

Suite, Apt. #, Etc.

STE 2D

City

Hialeah

State

FL

Zip Code

33012

600017123346

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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

Lori Safille
REGISTERED AGENT MUST SIGN

Date **4/22/2003**

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
Pres.	Edward K. Safille MD	4201 Palm Ave Ste 2D	Hialeah, Fla 33012

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 305 362-6828

Date

Daytime Phone #