

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K17295**

1. Corporation Name

SOUTH MIAMI MEDICAL OFFICE BUILDING MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

8940 N KENDALL DR
#300E - EAST TOWER
MIAMI FL 33176
US

8940 N KENDALL DR
#300E - EAST TOWER
MIAMI FL 33176
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

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0049640

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	LIEBLING, MARTIN E., M.D.	8940 N KENDALL DR, #300-E	MIAMI FL 33176
DV	FEINBERG, ALAN D., M.D.	8940 N KENDALL DR, #300-E	MIAMI FL 33176
DT	CITRON, PETER L., M.D.	8940 N KENDALL DR, #300-E	MIAMI FL 33176
DS	KALMAN, LEONARD A., M.D.	8940 N KENDALL DR, #300-E	MIAMI FL 33176

100003487811-5
-12/05/00-01121-785
\$750.00 \$750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KALMAN, LEONARD A M.D.
8940 N. KENDALL DRIVE, #300E
MIAMI FL 33176

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

SIGNATURE REQUIRED

Date

10/24/00

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/00

Daytime Phone #

CR2040 (800)