

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 JAN 27 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15434

1. Corporation Name

TOMAS I. MARIMON, M.D., P.A.

Principal Place of Business

Mailing Address

11880 BIRD RD #214
MIAMI FL 33175

11880 BIRD RD #214
MIAMI FL 33175



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

09/11/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11760 SW 40 ST #518

11760 SW 40 ST #518

City & State

City & State

Miami, FLA.

Mia, FLA.

Zip

Country

Zip

Country

33175 Dade

33175 Dade

5. FEI Number

65-0144258

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MARIMON, TOMAS I.	11880 BIRD RD #214	MIAMI FL

200002071822--5
-01/29/97--01020--007
****375.00 ****375.00

REINSTATEMENT 1/27/97

A. Alan
1/27/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOBS, WARREN
7600 RED ROAD
SUITE 229
MIAMI FL 33143

~~Signature~~
~~Street Address (P.O. Box Number is Not Acceptable)~~
~~Suite, Apt. #, etc.~~
~~City~~
~~State~~ ~~Zip Code~~
~~FL 33175~~

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

Warren Jacobs

REGISTERED AGENT MUST SIGN

Date

1/22/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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)(f), 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

T. Marimon

Date

11-1-96

Daytime Phone #

305-553-2888