PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 29 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # L50733

1. Corporation Name

FRANTZ BAZILE, M.D., P.A.

Principal Place of Business	Mailing Address
6464 N. MIAMI AVE. MIAMI FL 33161	6464 N. MIAMI AVE. MIAMI FL 33161

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/16/1990

5. FEI Number: 36-3330273 ☐ 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	4 City / State / Zip
DP	BAZILE, FRANTZ	6464 N MIAMI AVE	MIAMI FL 33161
		900024253709 10/29/03--01053--028 **150.00	

8. Name and Address of Current Registered Agent

~~BRYANT, GERRARD H.~~
~~847 NW 119TH ST~~
~~SUITE 205~~
~~MIAMI FL 33168~~

9. Name and Address of New Registered Agent

Name: REYNOLD DUCLAS
Street Address (P.O. Box Number is Not Acceptable): 701 Promenade Dr. Ste 210
Suite, Apt. #, Etc.:
City: PEMBROKE PINES State: FL Zip Code: 33026

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Reynold Duclas Date: 10.24.03
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.

305 | 756-8890

SIGNATURE: Bazile FRANTZ BAZILE, M.D. 305 10.24.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 24, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Ref: Doc L50733

Dear Sir:

This letter is to let you know that it was a surprise to acknowledge that a first notice to pay was sent to me for filing the UBR of my Corporation. I have never received that first notice.

I also have never changed the address of my corporation and I also thought that the renewal fee was on a yearly basis.

I have attached to this letter a check for the amount of 150.00 dollars, which I hope will be applied to the current year. Please update your file with my correct address and hopefully that will allow me to get your correspondence on time in the future.

The name and address of the new registered agent is Reynold DUCLAS 701 Promenade Drive Suite 210, Pembroke Pines FL 33026

I thank you very much for your understanding.

Sincerely,

Bazile

Frantz Bazile, M.D.
President of Frantz Bazile, M.D.,P.A.