

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC 31 AM 9:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L64981**

1 Corporation Name

BETHESDA SURGICAL ASSISTANTS, INC.

Principal Place of Business

15485 EAGLE NEST LANE
SUITE 100
MIAMI LAKES FL 33014
US

Mailing Address

15485 EAGLE NEST LANE
SUITE 100
MIAMI LAKES FL 33014
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

04/11/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0188259

Applied For

Not Applicable

City & State

City & State

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)

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
66B CD	TRUPPMAN, EDWARD S	15485 EAGLE NEST LN #100	MIAMI LAKES FL
REDD STED	BERG, ELIOT H.	15485 EAGLE NEST LN #100	MIAMI LAKES FL
D	SLAVIN, RICHARD K	15485 EAGLE NEST LANE, SUITE 100	MIAMI LAKES FL
P	NELLY AVELLANET 15485 EAGLE NEST LN, S. 100 MIAMI LAKES, FL 33014		

608002046216--3
-01/06/97--01004--004
****375.00 ****375.00

8. Name and Address of Current Registered Agent

COLEMAN, IRA J.
201 S. BISCAYNE BLVD., 22ND FLOOR
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
GRACE DELA HOZ
Street Address (P.O. Box Number is Not Acceptable)
15485 EAGLE NEST LN
Suite, Apt. #, Etc.
S #100
City
MIAMI LAKES
State
FL
Zip Code
33014

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

REGISTERED AGENT MUST SIGN

Date 12/13/96

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)(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

Date

Daytime Phone #

305 822-9770