

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 20 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94170

1. Corporation Name

SUNRISE MEDICAL CENTER, P.A.

Principal Place of Business

Mailing Address

5211 N.E. 2ND AVENUE
MIAMI FL 33137

5211 N.E. 2ND AVENUE
MIAMI FL 33137



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

08/15/1990

5. FEI Number

65-0217528

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	BENOIT, JOACHIM JOSEPH	5211 NE 2ND AVENUE	MIAMI FL
			800003455238--2
			-11/07/00--01069--015
			****750.00 ****750.00

REINSTATEMENT

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEINER, LAWRENCE

WEINER & CUMMINGS, P.A.

1428 BRICKELL AVENUE, SUITE 400
MIAMI FL 33131

Name

JOACHIM J. BENOIT M.D.

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

5211 N.E. 2ND AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

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]
REGISTERED AGENT MUST SIGN

Date 10/12/00

CR2ED4P (8/00)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOACHIM J. BENOIT M.D.

Date

10/12/00

Daytime Phone #

(305) 751-1293