

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM



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

APPROVED
 AND
 FILED

98 JUL 20 AM 9:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **M18249**

1. Corporation Name

Humberto Basto M.D. P.A.

Principal Place of Business

Mailing Address

**1380 NE MIAMI GARDENS DRIVE SUITE 285
 NORTH MIAMI BEACH FLA 33179**

REINSTATEMENT *09-98*

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

1380 NE MIAMI GARDENS DRIVE

SUITE 285

N.M.B. FLA.

FLA 33179 JADE.

4. Date Incorporated or Qualified To Do Business in Florida

JULY 18 - 1985

5. FEI Number

59-2605839

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
P	Humberto Basto	1380 NE MIAMI GARDENS DRIVE SUITE 285	NORTH MIAMI BEACH FL 33179

200002598182-8
 -07/24/98--01091--020
 ***1833.75 ***1833.75

09-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Humberto Basto
 1380 NE MIAMI GARDENS DR SUITE 285
 NM B FLA 33179**

Name **Humberto Basto**
 Street Address (P.O. Box Number is Not Acceptable) **1380 NE MIAMI GARDENS DRIVE**
 Suite, Apt., Etc. **SUITE 285**
 City **NORTH MIAMI BEACH** State **FL** Zip Code **33179**

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 **07-16-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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]* **Humberto Basto**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **07-16-98**

Daytime Phone # **305 940 0068**

CR2E040 (1/98)