APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 DEC 24 PM 2:19

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # M39890

Marraccini and DerHagopian Medical P.A.
6280 Sunset Drive
Suite 504
South Miami, Florida 33143

W97-27570

2. If Address in Block 1 is Incorrect in any way, enter the co address below. The NAME of the corporation can be changec by filing an amendment.

6280 Sunset Drive
Address
Suite 407
Address
South Miami Florida 33143
City and State
33143
Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number			5. $8.75 Additional Fee requir for a Certificate of Status
10/10/1986	59-2762805		FEI Number Applied For	
			FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
Pres.	Robert DerHagopian	6280 Sunset Drive Suite 407	Miami, Florida
V.Pres	Linda Marraccini	6280 Sunset Drive Suite 407	Miami, Florida

500002383745--0
-122697-01037-012
94-97***1245.00 ***1245.00
12-24-97

REINSTATEMENT

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Robert DerHagopian
6280 Sunset Drive
Suite 504
South Miami, Florida 33143

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)
6280 Sunset Drive
Street Address (Do NOT Use P.O. Box Number)
Suite 407
City and State
South Miami FL.
Zip
33143

9. 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 X Robert DerHagopian
REGISTERED AGENT MUST SIGN
Date 12/19/97

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side additional inform

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 whor 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., and t fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if under oath.

Signature of Officer or Director Robert DerHagopian. Date 11/21/97 Daytime Phone # 662-2466

Typed or printed name of signing officer or director Robert DerHagopian