

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 20 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000007955

1. Corporation Name

Caucus Hispanic Society of Abdominal Surgeons, Inc.

REINSTATEMENT

02-05
MRS

2. Principal Office Address

5200 SW 8th Street

Suite, Apt. #, etc.

Suite 202B

City & State

Coral Gables, Florida

Zip

33134

Country

USA

3. Mailing Office Address

5200 SW 8th Street

Suite, Apt. #, etc.

Suite 202B

City & State

Coral Gables, Florida

Zip

33134

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/08/2001

5. FEI Number

65-1153993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Danilo Bernot

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

5200 SW 8th Street

Suite, Apt. #, Etc.

Suite 202B

City

Coral Gables

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Juan M. Flores	8430 NW 8th Street	Miami, Florida 33126
TD	Danilo Bernot	5200 SW 8th Street, #202B	Coral Gables, FL 33134
SD	Hector Morales-George	2272 SW 7th Street	Miami, Florida 33134

10. 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 #

1/3/05 (305) 443-9306

CR2E081 (01/04)