

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR 26 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000008733

1. Corporation Name

Friends of Latin American Dermatology, Inc.

REINSTATEMENT 05-07

2. Principal Office Address

1400 NW 12 Avenue

3. Mailing Office Address

1400 NW 12 Avenue

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 4

City & State

Miami, FL

City & State

Miami, FL

Zip

33136

Country

USA

Zip

33136

Country

USA

CB2E081 (12/05)  
WB7000008238

4. Date Incorporated or Qualified  
To Do Business in Florida

September 9, 2004

5. FEI Number

20-8007471

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

Mercedes Florez-White, M.D.

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

16400 Collins Avenue, #941-C26

Suite, Apt. #, Etc.

City

Sunny Isles Beach

State

FL

Zip Code

33160

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 12/06/06

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
P	Francisco Kerdel, M.D.	1400 NW 12 Ave., Suite 4	Miami, FL 33136
VP	Charles W. Stiefel	255 Alhambra Circle	Coral Gables, FL 33134
VP	William Abramovits, M.D.	5310 Harvest Hill, Suite 260	Dallas, TX 75230
T	Martin Zaiac, M.D.	4302 Alton Road, #1005	Miami Beach, FL 33140
S	Mercedes Florez-White, M.D.	16400 Collins Ave., #941-C26	Sunny Isles Beach, FL 33160

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04/05/07--01006--018 \*\*358.75

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 contained in Chapter 119, 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

12/06/06 305 443 3800

EXT 7010

7c 3/30