PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN -7 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23365

1. Corporation Name
SOUTH FLORIDA SOCIETY FOR VASCULAR SURGERY

2. Principal Office Address	3. Mailing Office Address
C/O ORLANDO A. Puente, MD 8955 SW 87 CT.	8955 SW 87TH CT
Suite, Apt. #, etc. S-112	Suite, Apt. #, etc. S-112
City & State Miami, Florida	City & State Miami, Florida
Zip / Country 33176 / USA	Zip / Country 33176 / USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0015415 ☐ 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
Darwin ETON, MD

Street Address (P.O. Box Number is Not Acceptable)
1611 NW 12th ave

900044328879
01/07/05--01046--016 **61.25

Suite, Apt. #, Etc.
JMH, ET 3016 R-114

City
Miami

State FL | Zip Code 33136

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 Darwin Eton MD Date

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D	Darwin ETON, MD	1611 NW 12th ave (R-114) Miami, FL. 33136	
D	Orlando Puente, MD	8955 SW 87 CT S-112	Miami, FL. 33176
D	Mark Sesto, MD	3000 West Appress Creek RD	Ft. Laud, FL. 33309
		900044328879 01/07/05--01046--017 **70.00	

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: Darwin Eton MD 1/2/05 305-585-5284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

UNIVERSITY OF Miami
SCHOOL OF MEDICINE

Dewitt Daughtry Family Department of Surgery
UM/JM Medical Center
P.O. Box 016310, (R-310)
Miami, FL 33101-6310

January 3, 2005

Florida Department of State
Secretary of State
Division of Corporations

To Whom It May Concern:

We did not receive notice for reinstatement for year 2004.

Please feel free to contact us if further information is needed.

Sincerely,

Julie Martin
Vascular Surgery