

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 AM 11:00

DOCUMENT # N32389

1. Corporation Name

A.M.H.E. SOUTH FLORIDA CHAPTER, INC.

500003482065--9

-12/01/00--01001--008

*****236.25 *****236.25

Principal Place of Business

Mailing Address

%JOEL H. POLIARD, M.D.

5000 N.E. 2ND AVE.

MIAMI FL 33137

%JOEL H. POLIARD, M.D.

5000 N.E. 2ND AVE.

MIAMI FL 33137

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

65-0121462

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GASTON, PIERRE A	8051 N.E. 2ND AVENUE	MIAMI FL
P	MARCELIN, GISLAINE M	5327 N STATE ROAD 7	TAMARAC FL 33319
VD	ROBIN, ERMANE	320 N.W. 185TH TERR.	MIAMI FL
VD	MICHAEL, JEAN LUC	13104 S.W. 25TH PLACE	DAVIE FL
VP	JOSEPH, MARC Y	19100 NW 10TH AVE.	MIAMI FL
TD	POLIARD, JOEL H	5062 NE 2ND AVE	MIAMI FL

8. Name and Address of Current Registered Agent

POLIARD, JOEL H M.D.
5062 N.E. 2ND AVENUE
MIAMI FL 33137

Joel Henriquez Poliard M.D.
5000 NE 2nd Ave.
Miami FL 33137

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

POLIARD JOEL H. M.D.
5000 NE 2ND AVENUE
MIAMI, FL FL 33137

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

REGISTERED AGENT MUST SIGN

Date 10/31/00

11. 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 #