

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 APR 15 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N93000002220

**1. Corporation Name**

MIAMI OBSTETRICAL AND GYNECOLOGICAL SOCIETY, INC

**REINSTATEMENT**

01-02

**2. Principal Office Address**  
University of Miami  
School of Medicine  
Suite, Apt. #, etc.

**3. Mailing Office Address**  
University of Miami  
School of Medicine  
Suite, Apt. #, etc.

P.O. Box 016960

P.O. Box 016960

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33101

USA

33101

USA

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

**5. FEI Number**

65-0411495

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

Antonio Garcia, CPA c/o A & E Garcia, P.A.

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

2588 S.W. 27th Avenue

Suite, Apt. #, Etc.

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\*\*\*\*297.50 \*\*\*\*297.50

City

Miami,

State

FL

Zip Code

33133

**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

Date 4/2/02

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
TPD	Roth, Michael	1600 N.W. 2nd Ave., Suite 201	Miami, FL 33169
PD	Safinski, Robert J.	7800 S.W. 87th Avenue Bldg A Suite 120	Miami, FL 33173
PED	Nasser, Dean	1800 East Commercial Blvd.	Ft. Lauderdale, FL 33308
TD	Burkett, Gene	P.O. Box 016960 (R-136)	Miami, FL 33101
SD	Ross, Robert A.	100 N.W. 170 St., Suite 303	Miami, FL 33169

**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

4-10-02  
Date

305-585-5181  
Daytime Phone #

CR2E081 (9/01)