

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 OCT -8 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002220

1. Corporation Name

MIAMI OBSTETRICAL AND GYNCOLOGICAL SOCIETY, INC.

600041814956
10/12/04--01035--010 **122.50

REINSTATEMENT 03-04

2. Principal Office Address
2588 SW 27 AVE

3. Mailing Office Address
2588 SW 27 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33133

Country
US

Zip
33133

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 05/11/1993

5. FEI Number
650411495

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CONSULTING SERVICES OF SOUTH FLORIDA

Street Address (P.O. Box Number is Not Acceptable)
2588 SW 27 AVE

Suite, Apt. #, Etc.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date OCTOBER 7, 2004

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	JORGE GARCIA, MD	2588 SW 27 AVE	MIAMI, FL 33133
S	TERRY REISMAN, MD	2588 SW 27 AVE	MIAMI, FL 33133
T	OMAR PASALODOS, MD	2588 SW 27 AVE	MIAMI, FL 33133

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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/2004

Date

305/444-2213

Daytime Phone #

CR2001 (8-10-04)

2 of 2

FILED

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

04 OCT -8 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR THE YEARS OF 2003 & 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,


JORGE GARCIA, MD
PRESIDENT