PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 17 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000003117**

1. Corporation Name

FLORIDA ASSOCIATION OF MANAGED CARE ORGANIZATIONS, INC.

Principal Place of Business	Mailing Address
5835 BLUE LAGOON DRIVE MIAMI FL 33126	5835 BLUE LAGOON DRIVE MIAMI FL 33126

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/27/1995

5. FEI Number: 65-0598901 ☐ Applied For ☐ Not Applicable

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	KILISSANLY, PETER K	5835 BLUE LAGOON DRIVE	MIAMI FL 33126
VD	FEY, CHRISTOPHER T	8705 PERIMETER PARK BOULEVARD	JACKSONVILLE FL 33126
SD	KING-SHAW, RUBEN JR.	7600 CORPORATE CENTER DRIVE	MIAMI FL 33126
~~TD~~ D	~~WYSS, THOMAS C~~ MIKE FERNANDEZ	~~3400 LAKESIDE DRIVE, BUILDING 2~~ 2333 Ponce de Leon Blvd	~~MIRAMAR FL 33027~~ Coral Gables, Fl. 3313
~~D~~ D	~~BRENNAN, BARRY~~ DENNIS P.H. MICHALE, M.D	~~770 WEST 28TH STREET~~ 1511 N. West Shore Blvd 7th. Floor	~~HIALEAH FL 33012~~ Tampa, Florida 33607

8. Name and Address of Current Registered Agent

MENENDEZ, JOSE M
5835 BLUE LAGOON DRIVE
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name: REINSTATEMENT
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

CR2E040 (7/96)

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: [signature] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 12/12/96

400002033544--0
-12/19/96--01033--008
****245.00 ****43.00

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

See other side for information

12. 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] PETER E. KILISSANLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/96
Date

305-265-2920
Daytime Phone #

0031250 AP