


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

01 DEC -4 PM 6:52

DOCUMENT # N96000005708

1. Corporation Name

ORAL-MAXILLOFACIAL SURGERY RESIDENTS EDUCATION F  
UND, INC.

Principal Place of Business

Mailing Address

ACOE-DEPT-OMFS  
1444 NW 14TH AVE  
MIAMI FL 33136  
US

6000 CHAPMAN FIELD DR  
MIAMI FL 33156



REINSTATEMENT 01

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 190

Suite, Apt. #, etc.  
SAME

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/1996

5. FEI Number

31-1500892

Applied For

Not Applicable

City & State  
9380 SW 150th St MIAMI  
Zip FL 33157 Country USA

City & State

Zip

Country

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	4 City / State / Zip
PTD	MARX, ROBERT	6000 CHAPMAN FIELD DR	MIAMI FL 33156
SD	MARX, VIRGINIA	6000 CHAPMAN FIELD DR	MIAMI FL 33156
D	MORALES, MARCO	18450 SW 254 ST	HOMESTEAD FL
			000004725180--6 -12/13/01--01069--018 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DELUCA, FRANCIS R  
100 SE 6TH ST  
FT LAUDERDALE FL 33301

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Francis R. Deluca*

Date 11/27/01

REGISTERED AGENT MUST SIGN

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.

ROBERT E. MARX

SIGNATURE:

*Robert E. Marx*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/01

CR2E04D (8/01)