

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 AUG 29 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000012036

1. Corporation Name

CORAL GABLES MALE CENTER, INC.

400007456834--2

-08/30/02--01058--021

\*\*\*\*\*900.00 \*\*\*\*\*900.00

2. Principal Office Address

747 PONCE DE LEON BLVD. 747 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE #410

3. Mailing Office Address

747 PONCE DE LEON BLVD. 747 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE #410

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.A.

Zip

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

FEB. 3, 2000.

5. FEI Number

650994050

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

NAZIR, CARLOS A., M.D.

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

747 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

SUITE # 410

City

CORAL GABLES

State  
FL

Zip Code

33134.

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

REGISTERED AGENT MUST SIGN

Date

8.20.02

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
①	NAZIR, CARLOS A., M.D.	747 PONCE DE LEON BLVD.	#410, CORAL GABLES, FL 33134

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

CARLOS NAZIR

Date

8.20.02 (305) 441-9086

Daytime Phone #

CR2E081 (9/01)