

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -6 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000072896
1. Corporation Name
South Beach Inpatient D.O. Care, Inc.
3800 N. Miami Avenue

REINSTATEMENT 02-03

400018304354

05/06/03--01094--022 **900.00

2. Principal Office Address 3800 N. Miami Avenue Suite, Apt. #, etc. City & State Miami, Florida 33127 Zip Country 33127 USA		3. Mailing Office Address c/o Marc H. Auerbach 201 S. Biscayne Blvd. Suite, Apt. #, etc. Suite 2000 City & State Miami, Florida 33131 Zip Country 33131 USA	
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4. Date Incorporated or Qualified To Do Business in Florida 7/31/00	
5. FEI Number 65-1033808	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Marc H. Auerbach, Esq,
Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd., Suite 2000
Suite, Apt. #, Etc.
City State Zip Code
Miami FL 33131

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 Marc Auerbach Date _____
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
D/P	Christopher G. Wayne, DO	3800 N. Miami Avenue	Miami, Florida 33127

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] Date _____ Daytime Phone # (305) 576-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE081 (10/02)