

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000100643**

1. Corporation Name

SPORTMED OF CORAL GABLES, INC.

Principal Place of Business

225 MALAGA AVENUE
CORAL GABLES FL 33134

Mailing Address

225 MALAGA AVENUE
CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

2475 Brickell Ave.

Suite, Apt. #, etc.

#1103

City & State

Miami, FL

Zip

33129

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/2000

5. FEI Number

65-1064393

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

02 MAY 17 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P/S	Vergara, Hernando M.	2475 Brickell Ave. #1103	Miami, Florida 33129

600005979346--7
-06/25/02--01070--003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

SOLOMIANY, ALEX-ESQ.
1001 BRICKELL BAY DR., STE. 1704
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

SOLOMIANY, Alex, Esq.

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

80 S.W. 8th Street

Suite, Apt. #, Etc.

Suite 2157

City

Miami

State

FL

Zip Code

33130

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

Alex Solomiany
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

4/9/2002

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.

SIGNATURE:

Hernando Vergara
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/2002

Daytime Phone #

CR2E040 (B01)