

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000106619

1. Corporation Name

ADVANCED CENTER FOR AESTHETIC & COSMETIC SURGERY
, INC.

Principal Place of Business

Mailing Address

14315 NW 15 ST.
PEMBROKE PINES FL 33028

14315 NW 15 ST.
PEMBROKE PINES FL 33028



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

1865 N. Corporate Lake Blvd.

1865 N. Corporate Lake Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Weston, FL.

City & State
Weston, FL.

Zip
33326

Country
USA.

Zip
33326

Country
USA.

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2001

5. FEI Number

65-1151071

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ROJAS, JORGE	14315 NW 15 ST.	PEMBROKE PINES FL 33028
V	NOSOVSKY, ISAAC	14315 NW 15 ST.	PEMBROKE PINES FL 33028
S	NOSOVSKY, GREGORIO	14315 NW 15 ST.	PEMBROKE PINES FL 33028

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11/01/02--01104--009 **150.00

8. Name and Address of Current Registered Agent

ROJAS, JORGE
14315 NW 15 ST.
PEMBROKE PINES FL 33028

9. Name and Address of New Registered Agent

Name

GREGORIO NOSOVSKY

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

1865 N. Corporate Lake Blvd #

Suite, Apt. #, Etc.

#2.

City

Weston

State

FL

Zip Code

33326

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/28/02.

11. I certify that I am an officer or director of 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

Date

(954) 446-6464

Daytime Phone #

CR2040 (8/02)



Advanced Center For Aesthetic & Cosmetic Surgery, Inc.

1865 N. Corporate Lakes Blvd. Suite 2
Weston, FL. 33326

(954) 446-6464 (954) 888-6608 Fax

Email: Cosmetic@cosmeticsurgeryfla.com

10/28/02

Florida Department of State
Division of Corporations

TO WHOM IT MAY CONCERN:

Dear Sir:

This is the first time we receive any mail from You'r office, our mailing address is at the top of this letter. Even in You'r mail they finally send a mail sticker to our correct add.

Please make a note of the new address, and we apologize for not being in touch with You'r office. Inside of this letter we are including the application signed, new telephone number, the FEI number and a check in the amount of \$150.00 as per telephone conversation.

We Thank You,

Sincerely,

Gregorio Nosovsky
Medical Director

ADVA315 330283320 1902 12 10/25/02
NOTIFY SENDER OF NEW ADDRESS
ADVANCED CENTER FOR AST
1865 N CORPORATE LAKES BLVD #2
WESTON FL 33326-3211

