

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


APPROVED  
ASIS  
FILED

03 NOV -7 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2003**

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000099778

1. Corporation Name  
ROBERT BEECHAM, M.D., P.A.

2. Principal Office Address <u>131 E. Sunrise Avenue</u>		3. Mailing Office Address <u>131 E. Sunrise Avenue</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Coral Gables</u>		City & State <u>Coral Gables</u>	
Zip <u>FL</u>	Country <u>33133</u>	Zip <u>FL</u>	Country <u>33133</u>

4. Date Incorporated or Qualified To Do Business in Florida 9/12/2003

5. FEI Number 11-3652987 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 Alhambra Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable) 2 Alhambra Plaza 900024525809

Suite, Apt. #, Etc. Suite 1202 11/07/03--01070--015 \*\*750.00

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 [Signature], v.p. Date 10/24/03

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	Robert Beecham, M.D.	131 E. Sunrise Avenue	Coral Gables, FL 33133

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 04 NOV 03 Daytime Phone # 305-987-3206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (1/0/02)