

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -4 AM 8:00

DOCUMENT # P02000115605

**1. Corporation Name**

Miami beach Foot Center, Inc.  
d/b/a Miami Beach Foot & Ankle Center

**REINSTATEMENT**

03-04  
MRD

**2. Principal Office Address**

524 Arthur Godfrey Road (41st) St.

**3. Mailing Office Address**

524 Arthur Godfrey Road (41st) St.

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33140

Country

USA

Zip

33140

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 10/28/2002

**5. FEI Number**

01-0750264

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

Dr. Jack Cohen

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

524 Arthur Godfrey Road (41st) St.

Suite, Apt. #, Etc.

Suite 204

City

Miami Beach

State

FL

Zip Code

33140

**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 02/27/04

**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
P	Dr. Jack Cohen	4545 North Jefferson Avenue	Miami Beach, FL 33140

**10. 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)(b), 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

Date

Daytime Phone #