PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

98-99 AR

APPLICATION FOR REINSTATEMENT

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

FILED
99 APR 21 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

DOCUMENT # P92000085268

1. Corporation Name

MAXILLOFACIAL SURGICAL SPECIALISTS, INC.

Principal Place of Business	Mailing Address
151 CRANDON BLVD. #534 KEY BISCAYNE, FL 33149	

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

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
30 W. MASHTA DRIVE	260 CRANDON BLVD.
Suite, Apt. #, etc: 200	Suite, Apt. #, etc: 32-97
City & State: KEY BISCAYNE, FLORIDA	City & State: KEY BISCAYNE, FLORIDA
Zip: 33149 Country: USA	Zip: 33149 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12-01-92

5. FEI Number: 65-0371523

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

☐ Applied For
☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	PATRICK Z. ABUZENI	30 W MASHTA DRIVE	KEY BISCAYNE, FLORIDA 33149
T/S	ANGELA K. PATT	775 ALLENDALE ROAD	KEY BISCAYNE, FLORIDA 33149

500002856555--9
-04/29/99--01072--020
****150.00 ****150.00

500002856555--9
-04/29/99--01072--021
****150.00 ****150.00

8. Name and Address of Current Registered Agent

PATRICK Z. ABUZENI
260 CRANDON BOULEVARD
SUITE 32-97
KEY BISCAYNE, FLORIDA 33149

9. Name and Address of New Registered Agent

Name: PATRICK Z. ABUZENI
Street Address (P.O. Box Number is Not Acceptable): 260 CRANDON BOULEVARD
Suite, Apt. #, Etc: 32-97
City: KEY BISCAYNE
State: FL Zip Code: 33149

CR2E098 (12/98)

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: [signature] REGISTERED AGENT MUST SIGN

Date: 3-30-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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] PATRICK Z. ABUZENI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99
Date

305-365 39 39
Daytime Phone #

(2)

PATRICK Z. ABUZENI M.D. D.D.S.
Cosmetic and Reconstructive Surgery
Maxillofacial Trauma Surgery
Orthognathic Surgery

March 30, 1999

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Madam / Sir,

Thank you for the opportunity to be considered for reinstatement. There has been a great deal of confusion with my address change and recent accountant change. I have in the past been responsible in assuring timely filing of corporate documents, and therefore I am deeply embarrassed about this mistake and ask you to kindly accept my apology.

The application for reinstatement shows the new mailing and business address. Per your instructions, enclosed is a check for the missing 1998 annual report. Please note that the filing forms for 1999 have not been received yet.

Should you have any questions please do not hesitate to call me.

Sincerely,

Patrick Z. Abuzeni, DDS, MD

260 Crandon Boulevard
Suite 32-97
Key Biscayne Florida
33149
Telephone 305.365.3939 · Facsimile 305.361.8057