

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAY -1 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000043752

1. Corporation Name

South Florida Medical Research Co.

Principal Place of Business	Mailing Address
21150 Biscayne Blvd. Suite 300 Aventura, FL 33180	21150 Biscayne Blvd. Suite 300 Aventura, FL 33180

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

REINSTATEMENT

98-00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6/21/93	
City & State		City & State		5. FEI Number	
Zip		Country		65-0427988	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Gittelman, Marc, M.D.	21150 Biscayne Blvd. Suite 300	Aventura, FL 33180
D	Winton, Lawrence, M.D.	21150 Biscayne Blvd. Suite 301	Aventura, FL 33180
			000003251200--E
			-05/12/00--01119--006
			***1050.00 ***1050.00
			SP

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
A Z Registered Agent Corporation 2601 S. Bayshore Drive Suite 1600 Miami, Florida 33133		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State	Zip Code
		FL		

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 *Justin Wilson* - vice president of R.A. Date 4/17/00
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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 name 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: *Mike Ford* Mike Ford, Esq. - Attorney-in-Fact (305) 858-5555 4/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EC40 (1/98)