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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000048974

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01/23/07--01003--016 **1350.00

REINSTATEMENT 03-07

1. Corporation Name
GEORGE BORDENAVE, M.D., P.A.
4809 SW 8TH STREET,
MIAMI FL 33134

CR2E061 (12/05)

2. Principal Office Address	3. Mailing Office Address
4809 SW 8TH ST	4809 SW 8TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33134 County: USA	Zip: 33134 County: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7-13-93

5. FEI Number: 65-0424670 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: GEORGE BORDENAVE

Street Address (P.O. Box Number is Not Acceptable): 28 TAHITI BEACH ISLAND ROAD

Suite, Apt. #, Etc.:

City: CORAL GABLES State: FL Zip Code: 33143

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: X [signature] REGISTERED AGENT MUST SIGN — Date: 11/07/06

9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors		Street Address of Each Officer and/or Director	City / State / Zip
P	GEORGE BORDENAVE		28 TAHITI BEACH ISLAND ROAD	CORAL GABLES FLORIDA 33143

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 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 incorporators listed on the form do not qualify for an exemption contained in Chapter 119, 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] GEORGE BORDENAVE 11/07/06
SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATOR OR DIRECTOR — Date — Daytime Phone #

11/17 aw