

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 27 PM 1:09

DOCUMENT # P93000057013

1. Corporation Name

South Florida Medical Network, Inc.

2. Principal Office Address

6200 SW 73 St.

Suite, Apt. #, etc.

210B

City & State

South Miami, FL

Zip

33143

Country

USA

3. Mailing Office Address

6200 SW 73 St.

Suite, Apt. #, etc.

210B

City & State

South Miami, FL

Zip

33143

Country

USA

REINSTATEMENT 95-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/10/93

5. FEI Number

65-0433656

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

Yale M. Samole, MD (new registered agent)

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

6200 SW 73 St.

Suite, Apt. #, Etc.

210B

City

South Miami, FL

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

REGISTERED AGENT MUST SIGN

Date 12/18/00

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	Donald Kipnis	6200 SW 73 St #210B	South Miami, FL 33143
D	Swymour Beiser, DPM	6200 SW 73 St #210B	South Miami, FL 33143
D	Yale M. Samole, MD	6200 SW 73 St #210B	South Miami, FL 33143

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YALE M. SAMOLE

Date

12/18/00

Daytime Phone #

305 662 7722