

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000057013

1. Corporation Name

SOUTH FLORIDA MEDICAL NETWORK, INC.

Principal Place of Business

Mailing Address

~~6200 SW 73 ST~~  
~~210B~~  
~~SOUTH MIAMI FL 33143~~

~~6200 SW 73 ST~~  
~~210B~~  
~~SOUTH MIAMI FL 33143~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/10/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

235 N. Hibiscus Dr

235 N. Hibiscus Dr

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

Zip  
33139

Country  
USA

Zip  
33139

Country  
USA

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. 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 3	City / State / Zip 4
D	KIPNIS, DONALD	6200 SW 73 ST #210B	SOUTH MIAMI FL 33143
D	BEISER, SYMOUR DPM	6200 SW 73 ST #210B	SOUTH MIAMI FL 33143
D	SAMOLE, YALE M MD	6200 SW 73 ST #210B	SOUTH MIAMI FL 33143

0000000005450  
11/08/02--01019--005 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAMOLE, YALE M MD  
6200 SW 73 ST  
210B  
SOUTH MIAMI FL 33143

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

10/31/02

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/02 662-7722

South  
Florida Medical Network  
235 N. Hibiscus Drive  
Miami Beach, Florida 33139

Florida Department of State  
Division of Corporations  
P.O. Box-6327  
Tallahassee, Florida 32314

To Whom It May Concern:

This letter is to formally state that we did not receive prior UBR notices. Please note the enclosed change of address.

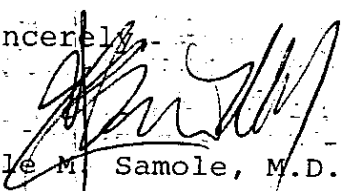
Previous notices were not received and we did not receive the renewal form.

Thank you for your attention to this matter.

Enclosed please find a check in the amount of \$ 150.00 to reinstate the corporation.

If I can be of any further assistance please do not hesitate to call upon me.

Sincerely,



Yale M. Samole, M.D., F.A.C.C.

YMS:hs  
Enc.