

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

97 MAR 24 AM 11:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000009857**

1. Corporation Name
FLORIDA HEALTH SPECIALTY PROVIDERS, INC.

Principal Place of Business Mailing Address
7900 N.W. 27 AVE SUITE 296 MIAMI FLA. 33147 **SAME**

REINSTATEMENT 95-97
DO NOT WRITE IN THIS SPACE

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

2. New Principal Office Address, If Applicable
7900 N.W. 27 AVE

Suite, Apt. #, etc.
SUITE 296

City & State
MIAMI FLA

Zip
33147 County
DADE

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.
SAME

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
01/31/1994

5. FEI Number
65-0466989 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)

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
DP	ALI SHAUKAT	15565 SW 495 MIAMI FL, 33185	
DVS	RUIZ SERGIO	1301 SW 126 R. MIAMI FLA 33147	

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***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

ALI SHAUKAT
7900 N.W. 27 AVE #296
MIAMI FLA 33147

9. Name and Address of New Registered Agent

Name **SAME**

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date **3/20/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/20/97** (305) 694-0100
Daytime Phone #