

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**

1997 APR -7 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 994000050847

1. Corporation Name

CARDIOVASCULAR & THORACIC SPECIALISTS, P.A.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

1107 Lucerne Terrace

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME AS Principal Office

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

July 6, 1994

5. FEI Number

59-3254973

Applied For

Not Applicable

City & State

Orlando, FL

City & State

Zip

32806

Country

USA

Zip

Country

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
P, T	Nayer N. Khouzam	3601 Bellington Drive	Orlando, FL 32835
S	S. Cary Huber	4837 Big Oaks Lane	Orlando, FL 32802

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-04/08/97--01140--008
***1088.75 ***1088.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **Morris Silberman**

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

1230 Myrtle Ave. S.

Suite, Apt. #, Etc.

Suite 101

City

Clearwater

State

FL

Zip Code

34616

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 **March 13, 1997**

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nayer N. Khouzam, President

March 14, 1997 407/841-8333

Date

Daytime Phone #

CR2E040 (12/96)