

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 -1 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000012631

1. Corporation Name

MIAMI BEACH CARDIOLOGY, P.A.

Principal Place of Business

MOUNT SINAI MEDICAL STAFF BLDG.. #10-03
4302 ALTON ROAD
MIAMI BEACH FL 33140

Mailing Address

MOUNT SINAI MEDICAL STAFF BLDG.. #10-03
4302 ALTON ROAD
MIAMI BEACH FL 33140

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

2. New Principal Office Address, If Applicable.

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/1995

5. FEI Number

65-0552227

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	VIVAS, PABLO H	4302 ALTON RD., STE. 100A #1003	MIAMI BEACH FL 33140
D	FANDINO-SENDE, FERNANDO	4302 ALTON RD., STE. 100A #1003	MIAMI BEACH FL 33140

100008752851
11/01/02--01029--008 **150.00

8. Name and Address of Current Registered Agent

VIVAS, PABLO H
MT SINAI MEDICAL STAFF BLDG., STE. 100A
4302 ALTON ROAD
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/28/02

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

Pablo H. Vivas, MD
President

Date

Daytime Phone #

10/28/02 (305) 678 1290

CR2E040 (8/02)

MBC

MIAMI BEACH CARDIOLOGY
Clinical, Interventional

Fernando Fandiño-Sende, M.D.
Pablo H. Vivas, M.D.

October 29, 2002

To Whom It May Concern:

This letter is to inform you that Miami Beach Cardiology did not receive any of the UBR notices. Enclosed is a check in the amount of \$150.00 for a for-profit corporation.

Sincerely,



Pablo H. Vivas, MD
President, MBC