

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P95000046828

1. Corporation Name  
MEDICAL ASSOCIATES OF DADE COUNTY, INC.

FILED  
97 JAN 13 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1380 N.E. MIAMI GARDENS DRIVE #140 NORTH MIAMI BEACH FL 33179  
1380 N.E. MIAMI GARDENS DRIVE #140 NORTH MIAMI BEACH FL 33179



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

REINSTATEMENT *Al*

4. Date Incorporated or Qualified To Do Business in Florida 06/12/1995  
5. FEI Number 65-0592461 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
<i>Pres</i>	<i>Howard Reinfeld</i>	<i>1380 NE Miami Gardens Dr #140</i>	<i>N.M.B. FL 33179</i>
<i>SEC.</i>	<i>Howard Reinfeld</i>	<i>1380 NE Miami Gardens Dr #140</i>	<i>N.M.B. FL 33179</i>
<i>Treasurer</i>	<i>Howard Reinfeld</i>	<i>1380 NE Miami Gardens Dr. #140</i>	<i>N.M.B. FL 33179.</i>

000002059780--3  
-01/16/97--01010--011  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent  
REINFELD, HOWARD B M.D.  
1380 N.E. MIAMI GARDENS DRIVE  
#140  
NORTH MIAMI BEACH FL 33179

9. Name and Address of New Registered Agent  
Name  
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: \_\_\_\_\_

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)(f), 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  
Date: *1/12/91* Daytime Phone #: *(305) 956-9042*

CR2E040 (7/96)