

94-00 UBE
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 SEP -8 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 795000066806

1. Corporation Name

PLASTIC SURGERY INSTITUTE OF CORAL GABLES, P.A.

2. Principal Office Address

9420 S.W. 77 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida 33156

Zip

33156

Country

USA

3. Mailing Office Address

9420 S.W. 77 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33156

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-29-95

5. FEI Number

65-0609905

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JERALD A. FRESHMAN

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

9130 S. Dadeland Boulevard, Suite 1701, Miami,

Suite, Apt. #, Etc.

Suite 1701 Two Datan Center

City

Miami

State

FL

Zip Code

33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 6-20-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Claude J. Noriega	9420 S.W. 77 Avenue	Miami, Fla. 33156

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claude J. Noriega

6-25-2000

Date

(305)-271-7446

Daytime Phone #

CR2E081 (9/99)

TS. 2002

LAW OFFICES
FRESHMAN FRESHMAN & TRAITZ
PROFESSIONAL ASSOCIATION

JERALD A. FRESHMAN
LAWRENCE N. FRESHMAN
JAMES J. TRAITZ
NICOLE L. GILMORE

TWO DATRAN CENTER
SUITE 1701
9130 SOUTH DADELAND BOULEVARD
MIAMI, FLORIDA 33156
TELEPHONE (305) 670-1400
FAX (305) 670-1410

August 16, 2000

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314
Attention: Michelle Milligan

Re: International Real Estate Development, Inc.
Ref No. P95000066806

Dear Michelle:

As we discussed with you, our client never received the corporate annual statement form which was sent to 2601 Douglas Road, Miami, Florida.. You confirmed that the papers were returned to you and you agreed to waive the \$600.00 reinstatement fee.

I am enclosing the Corporate Reinstatement fee and check in the sum of \$300.00 representing the annual report fee. Your office is still holding the \$35.00 fee for change of registered agent.

Please forward a copy of the computer printout reflecting that the corporation has been reinstated and the new registered agent.

Thank you for your kind cooperation and assistance.

Very truly yours,



JERALD A. FRESHMAN

JAF:lrg

Enclosures
cc: Dr. Claude Noriega,