

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

02 JUN -5 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000081994

1. Corporation Name

MADELEEN M. MAS, M.D., P.A.

2. Principal Office Address

3659 South Miami Avenue

Suite, Apt. #, etc.

Suite 3002

City & State

Miami, FL

Zip

33133

Country

USA

3. Mailing Office Address

3659 South Miami Avenue

Suite, Apt. #, etc.

Suite 3002

City & State

Miami, FL

Zip

33133

Country

USA

REINSTATEMENT 96-02

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

10/23/95

5. FEI Number

65-067536

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

Madeleen M. Mas

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

3659 South Miami Avenue

Suite, Apt. #, Etc.

Suite 3002

City

Miami

State

FL

Zip Code

33133

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

Date May 23, 2002

REGISTERED AGENT MUST SIGN

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
P/D	Madeleen M. Mas	3659 South Miami Avenue Suite 3002	Miami, FL 33133

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:

Madeleen M. Mas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Madeleen M. Mas

5/23/02

Date

(305) 858-7940

Daytime Phone #

CR2E081 (9/01)

95 6/14/02