CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 OCT -5 AM 10: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000081994

1. Corporation Name

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

REINSTATEMENT 03-04

2. Principal Office Address	
3659 South Miami Avenue	

Suite, Apt. #, etc.	
Suite 3002	

City & State
Miami, FL

Zip	Country
33133	USA

3. Mailing Office Address	
3659 South Miami Avenue	

Suite, Apt. #, etc.	
Suite 3002	

City & State
Miami, FL

Zip	Country
33133	USA

4. Date Incorporated or Qualified To Do Business in Florida 10/23/95

5. FEI Number	Applied For
65-067536	Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee required for a Certificate of Status

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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	State	Zip Code
Miami	FL	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 _____ REGISTERED AGENT MUST SIGN   Date 10/1/04

CR2E081 (01/04)

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

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10/05/04--01096--008 **908.75

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   10/1/04 Date   (305) 858-7940 Daytime Phone #