

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 JUL -5 AM 10: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087698

1. Corporation Name

MULTI SPECIALTY ASSOCIATES, INC.

2. Principal Office Address

5050 W. ATLANTIC AVE

3. Mailing Office Address

JAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

Zip

33484

Country

PAUM BEACH

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0634226

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200077380552
07/12/06--01012--010 **1050.00

CR2E081 (12/05)

04-06

7. Name and Address of Current Registered Agent

Name

LEISA KATEB

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

10791 EL PARAISO PI

Suite, Apt. #, Etc.

City

DELRAY BEACH

State
FL

Zip Code

33446

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

6/16/06

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
president	David O. Kateb	5050 W. ATLANTIC AVE DELRAY BEACH	DELRAY BEACH, FL 33446

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 contained in Chapter 119, 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

David O. Kateb, MD

Date

6/16/06

Daytime Phone #

561-3933