

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 MAR 18 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000094684

1. Corporation Name

BEN ABRAHAM MEDICAL GROUP, INC.

Principal Place of Business

7171 CORAL WAY SUITE 505
MIAMI FL 33155

Mailing Address

7171 CORAL WAY SUITE 505
MIAMI FL 33155

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6700 SW 21 Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6700 SW 21 Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1995

5. FEI Number

65-0629438

Applied For

Not Applicable

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33155

Country

USA

Zip

33155

Country

USA

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
PVST	BINKER, JOSEFA L	13009 MIRANDA ST	CORAL GABLES FL 33156

REINSTATEMENT

97-98
SL 3-19-98
100002462761--3

-03/20/98-01003-008

****908.75 ****908.75

8. Name and Address of Current Registered Agent

BINKER, JOSEFA L
7171 CORAL WAY SUITE 505
MIAMI FL 33155

9. Name and Address of New Registered Agent

Name

Odetta Binker

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

6700 SW 21 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

Odetta Binker

REGISTERED AGENT MUST SIGN

Date 10-29-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(l), 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:

Josefa L. Binker

10-29-97

(305)266-0006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #