

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000007367

1. Corporation Name

NORTH MIAMI MEDICAL & DIAGNOSTIC CENTER, INC.

Principal Place of Business

Mailing Address

3750 NW 28TH STREET NORTHWEST SO. RIVER DR  
STE 311  
MIAMI FL 33142

P.O. BOX 611690  
N MIAMI FL 33261  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

17031 N.E 6 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI Bch. FLA.

City & State

FLA.

Zip

33162

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/1996

5. FEI Number

65-0679465

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D.	BANATY, LOUIS	C/O 3750 NW 28TH STREET NW SO. R	MIAMI FL 33142
D.	JEAN. SIMILIEN	17031 N.E 6 Ave	NORTH MIAMI Beach. FLA. 33162
			600003958896--1 -04/04/01--01061--022 ****200.00 ****200.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

BANATY, LOUIS  
12580 NE 9TH AVE  
MIAMI FL 33161  
JEAN SIMILIEN  
17031 N.E 6 Ave  
N. MIAMI Bch. FLA 33162

9. Name and Address of New Registered Agent

Name  
JEAN SIMILIEN  
Street Address (P.O. Box Number is Not Acceptable)  
17031 N.E 6TH Ave  
Suite, Apt. #, Etc.  
600003958896--1  
-04/04/01--01061--023  
City  
N. MIAMI Bch. FL 33162  
\*\*\*\*700.00 \*\*\*\*700.00

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

REGISTERED AGENT MUST SIGN

Date Feb. 12/2001

11. 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)(b), 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

Feb. 12/2001 305-249-4569  
Date Daytime Phone #