

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 SEP 28 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PP P96000007367**

1. Corporation Name

**NORTH MIAMI MEDICAL & DIAGNOSTIC  
CENTER, INC.**

2. Principal Office Address

**40 N.E 158TH ST**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 611690  
NORTH MIAMI**

Suite, Apt. #, etc.

City & State

**N. MIAMI Bch. FLA**

City & State

**FLA.**

Zip

**33162**

Country

**USA.**

Zip

**33261**

Country

**USA**

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. Name and Address of Current Registered Agent**

Name

**SIMILIEN JEAN**

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

**13700 N.E 11TH Ave**

Suite, Apt. #, Etc.

City

**NORTH MIAMI**

State

**FL**

Zip Code

**33161**

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

*See below*

Date

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
<b>D</b>	<b>SIMILIEN, JEAN</b>	<b>13700 N.E 11TH Ave</b>	<b>NORTH MIAMI, FLA 33161</b>

900041452819  
09/29/04--01063--005 \*\*900.00

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

**Sept 23/04 305-981-4499**

Date

Daytime Phone #

CR20081 (01/04)