

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 JUL 14 AM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000012971

1. Corporation Name

• OTHON WILTZ, M.D., P.A.

Principal Place of Business

Mailing Address

7400 S.W. 81st Avenue  
Miami, Florida 33143

900002595209--5  
-07/22/98--01051--001  
\*\*\*900.00 \*\*\*900.00

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2/8/96	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0652122	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PSTD	OTHON WILTZ, M.D.	7400 S.W. 81st Avenue	Miami, Florida 33143

**REINSTATEMENT** 9/7/98  
7/15 JS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
COBER CORPORATE AGENTS, INC. 2601 So. Bayshore Dr., 19th Fl. Miami, Florida 33133		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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 BY: *[Signature]* Date: 5/27/98

MICHAEL A. BERKE, VICE PRESIDENT

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)(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]* Date: 6/11/98 Daytime Phone #: (305) 267-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: OTHON WILTZ, M.D., PRESIDENT

CP2E040 (1/98)