(1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

H98000002031

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

1998 JAN 30 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000048991

1 Corporate Name

GUSTAVO E. COLL, M.D., P.A.

Principal Place of Business / Mailing Address

1097 S.W. Lejeune Road
Coral Gables, Fl 33134

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/07/1996

5. FEI Number: 65-0677469 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [X] $30.00 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
D	Gustavo E Coll	5821 SW 132 Terr.	Miami, Fl 33156

REINSTATEMENT '97 - '98

SCC 1-30-98

8. Name and Address of Current Registered Agent

Gustavo E Coll
1097 SW Lejeune Rd.
Coral Gables, Fl 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City | State: FL | Zip Code

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: Gust E Coll — Date: 1/17/98

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]

(See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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

H98000002031

SIGNATURE: Gust E Coll

Prepared by: Gustavo E Coll
(305) 740-8118
1097 SW Lejeune Rd
Coral Gables, Fl 33134

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(2)

1/29/98 FLORIDA DIVISION OF CORPORATIONS 4:00 PM
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H98000002031 6)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: GUSTAVO E. COLL, M.D., P.A.
AUDIT NUMBER.....H98000002031
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX
EST.CHARGE.. $915.00

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** ENTER 'M' FOR MENU. **

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