JUL-27-1999 08:34 EMPIRE CORP 305 541 3770 P.02/03

APPLICATION · FOR · REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 JUL 30 AM 10:53

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000081170

1. Corporation Name

MIAMI HAND CENTER, INC.

Principal Place of Business	Mailing Address
4649 PONCE DE LEON BLVD. SUITE #302 CORAL GABLES, FLORIDA 33146	

REINSTATEMENT 98-99

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.	8905 S.W. 87th AVENUE Suite, Apt. #, etc. SUITE #101
City & State	City & State MIAMI, FL 33176
Zip / Country	Zip 33176 / Country MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida: 10/01/96

5. FEI Number: 65-0811130 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PRES.	JORGE L. ORBAY M.D.	8905 S.W. 87 AVENUE, SUITE #101	MIAMI, FLORIDA 33176
S./T.	ROGER K. KHOURI, M.D.	8905 S.W. 87 AVENUE, SUITE #101	MIAMI, FLORIDA 33176
VICE PRES.	ALEJANDRO BADIA, M.D.	8905 S.W. 87 AVENUE, SUITE #101	MIAMI, FLORIDA 33176
			100002948831--8 -08/03/99--01043--008 ~~*****99.00 *****99.00~~
			LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JORGE L. ORBAY, MD.. 8905 S.W. 87th AVENUE, SUITE #101 MIAMI, FLORIDA 33176	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 _____ Date 7/27/99

REGISTERED AGENT MUST SIGN

11. This corporation owes 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: JORGE L. ORBAY, M.D. 7/27/99 305-661-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #