

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

10 MAY 19 AM 8:02

DOCUMENT # P96000102319

1. Corporation Name: Cardiology Associates of North Miami Beach, PA

REINSTATEMENT 04-10 KS

200181088762 05/19/10--01027--015 ***1058.75 CR2E081 (4/10)

2. Principal Office Address - No P.O. Box #: 18260 NE 19 Ave

3. Mailing Office Address: 18260 NE 19 Ave

Suite, Apt. #, etc. # 201

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City & State: N M B FL

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Zip Country: 33162 USA

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4. Date Incorporated or Qualified To Do Business in Florida: 12/19/1990

5. FEI Number: 65-0713782 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Howard Reinfeld MD

Street Address (P.O. Box Number is Not Acceptable): 18260 NE 19 Ave

Suite, Apt. #, Etc: 201

City: N. Miami Beach

State Zip Code: FL 33162

PROFIT CORPORATIONS ONLY [X] The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [Signature]

Date: 5/17/10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: PVT SD Howard Reinfeld #201 18260 NE 19 Ave N. Miami Beach FL 33162

10. E-mail Address: office 18260@aol.com (To be used for future annual report notification)

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. I further certify 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/17/10 Daytime Phone #