

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 DEC -7 PM 6:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000046158

1. Corporation Name

SURGEONS GROUP OF SOUTH FLORIDA, P.A.

Principal Place of Business

Mailing Address

520 BRICKELL KEY DR., APT. 814
MIAMI FL 33131

520 BRICKELL KEY DR., APT. 814
MIAMI FL 33131



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

701 N.W. 57 Ave
Suite, Apt. #, etc.
330

3. New Mailing Office Address, If Applicable

701 N.W. 57 Ave
Suite, Apt. #, etc.
330

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1997

5. FEI Number

65-0760810

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	DIAZ-YOSEREV, RAFAEL	520 BRICKELL KEY DR., APT. 814	MIAMI FL 33131
D	LOMBILLO, JUAN	520 BRICKELL KEY DR., APT. 814	MIAMI FL 33131
D	GARCES, DAGOBERTO	520 BRICKELL KEY DR., APT. 814	MIAMI FL 33131

REINSTATEMENT

as of 12/8/98

8. Name and Address of Current Registered Agent

WERNSTROM, NANETTE O
200 S. BISCAYNE BLVD., STE. 4100
MIAMI FL 33131-2398

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

000002708330-2
12/18/98-81008-006
******750.00 ****750.00**

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

Nanette Wernstrom
REQUIRED
REGISTERED AGENT MUST SIGN

Date

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)(f), 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

[Signature]

REQUIRED

12/1/98
Date

(305) 267-3999
Daytime Phone #