

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC 12 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000043135

1. Corporation Name

PVL ASSOCIATES OF CEDARS, INC.

Principal Place of Business

Mailing Address

2511 PONCE DE LEON BLVD SUITE 400  
CORAL GABLES FL 33144

2511 PONCE DE LEON BLVD SUITE 400  
CORAL GABLES FL 33144



REINSTATEMENT

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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

05/13/1998

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0839745

Applied For

Not Applicable

City & State

City & State

Zip  
33134-6019

Country

Zip  
33134-6019

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KATZMAN, HOWARD E MD	2511 PONCE DE LEON BLVD., #400	CORAL GABLES FL 33134
V	ABILIO, COELLO MD	2511 PONCE DE LEON BLVD., #400	CORAL GABLES FL 33134
TS	ALVAREZ, JOSE JR	2511 PONCE DE LEON BLVD., #400	CORAL GABLES FL 33134

100003514591--0  
12/27/00 01063-011  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
ONE SE 3RD AVENUE 28TH FLOOR  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name  
Howard E. Katzman, M.D.  
Street Address (P.O. Box Number is Not Acceptable)  
2511 Ponce de Leon Boulevard  
Suite, Apt. #, Etc.  
Suite 400  
City  
Miami  
State  
FL  
Zip Code  
33134

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

*Howard E. Katzman M.D.*  
REGISTERED AGENT MUST SIGN

Date 12-6-00

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 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.

Howard E. Katzman, M.D.

SIGNATURE:

*Howard E. Katzman M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #