

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine H. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 4:26

DOCUMENT # P98000050258

1. Corporation Name

SOUTH FLORIDA ANESTHESIA SERVICES, P.A.

Principal Place of Business

Mailing Address

2705 HANCOCK CREEK RD.
W. PALM BCH FL 33411

2705 HANCOCK CREEK RD.
W. PALM BCH FL 33411



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

06/04/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

APPLIED FOR

Not Applicable

Zip

Country

Zip

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
PSTD	DIAZ, JORGE L	2705 HANCOCK CREEK RD.	W. PALM BCH FL 33411

300003434153-4
-10/20/00--01096--013
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIAZ, JORGE L
2705 HANCOCK CREEK RD.
W. PALM BCH FL 33411

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-13-00

AL

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-00

Date

Daytime Phone #

CR2E040 (8/00)

October 13, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida

Ref. Number: P98000050258

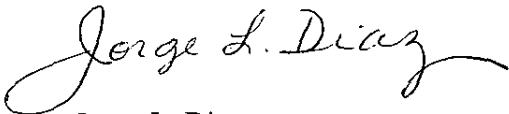
Dear Mr. Dunlap:

I would like to please explain that we did not receive any of your prior notices on the corporation. I know you advised me over the phone on October 13, 2000, this happen last year but we have had a problem in the mail room where we live mail always gets put in someone elses box and they just throw it on the counter in the mail room and do not care about others personal mail or to return it to postmaster. If needed I will purchase a P.O. Box for the furture or I will be checking with your office to confirm I received your application in the future..

Please accept my \$150.00 payment to reinstate the corporation.

If you have any further questions, please contact me at 561-624-1051, ext. 108.

Sincerely,



Jorge L. Diaz