

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 AUG 27 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000054802**

1. Corporation Name

GLOBAL MEDICAL MANAGEMENT ASSOCIATES, INC.

Principal Place of Business

201 ALHAMBRA CIRCLE 8TH FLOOR
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE 8TH FLOOR
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1998

5. FEI Number

☒ 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	City / State / Zip
D	SAYET, PETER H	201 ALHAMBRA CIRCLE 8TH FLOOR	CORAL GABLES FL 33134

300007452963--4
-08/30/02--01055--004
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

~~BASS, PAUL H~~
~~201 ALHAMBRA CIRCLE 8TH FLOOR~~
~~CORAL GABLES FL 33134~~

9. Name and Address of New Registered Agent

Name Peter Sayet

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

4051 N. Ocean Boulevard

Suite, Apt. #, Etc.

#219

City

Ft. Lauderdale

State

FL

Zip Code

33308

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

Peter Sayet
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 08-19-02

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:

Peter H. Sayet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-02

Date

954-537-3483

Daytime Phone #

CR2E040 (8/99)