

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000079262

99 DEC 13 AM 10:26

1. Corporation Name

TRIAMED - THE MEDICAL ALLIANCE CORPORATION

Principal Place of Business

Mailing Address

2100 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

2100 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020



REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable
1221 Brickell Avenue
Suite, Apt. #, etc.
9th Floor

3. New Mailing Office Address, If Applicable
Same as # 2
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/14/1998

5. FEI Number

65-0863494

Applied For

Not Applicable

City & State
Miami, FL

City & State

Zip
33133

Country
USA

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	VON FOIDL, EGON	2100 HOLLYWOOD BOULEVARD 1221 Brickell Ave, 9th Fl.	HOLLYWOOD FL 33020 Miami, FL 33133
D	HERWEG, GUNTHER	2100 HOLLYWOOD BOULEVARD 1221 Brickell Ave., 9th Fl.	HOLLYWOOD FL 33020 Miami, FL 33133
			600003071426--9 -12/15/99--01078--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASTORO, FRANCIS X ESQ.
2100 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

Name
EGON VON FOIDL
Street Address (P.O. Box Number is Not Acceptable)
1221 BRICKELL AVE. 9th FLOOR
Suite, Apt. #, Etc.
914
City
MIAMI
State
FL
Zip Code
33137

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]

REGISTERED AGENT MUST SIGN

Date 11-17-99

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] EGON VON FOIDL

11-03-99

<305>3778793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0022940 AF