

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 10 AM 11:55

DOCUMENT # P99000007726

1. Corporation Name

Foot & Ankle Associates, P.A.

2. Principal Office Address

3661 South Miami Ave #601

Suite, Apt. #, etc.

601

City & State

Miami, Florida

Zip

33133

Country

3. Mailing Office Address

P.O. Box 34-7285

Suite, Apt. #, etc.

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City & State

Coral Gables FL

Zip

33234

Country

800004780878--9

-01/17/02--01005--026

\*\*\*\*450.00 \*\*\*\*450.00

4. Date Incorporated or Qualified  
To Do Business in Florida

4/26/99

5. FEI Number

65-089-4484

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dr. Michael A. Rivera

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

3661 South Miami Ave

Suite, Apt. #, Etc.

601

City

Miami

State  
FL

Zip Code

33133

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\*\*\*\*\*8.75 \*\*\*\*\*8.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent \*

*Michael A. Rivera*

REGISTERED AGENT MUST SIGN

Date 1/8/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Michael A. Rivera DPM	3661 South Miami Ave #601	Miami, FL 33133

10. 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: \*

*Michael A. Rivera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date

(305) 858-8730

Daytime Phone #