

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000028509

1. Corporation Name

MARCOS SZOMSTEIN, M.D., P.A.

Principal Place of Business Mailing Address

8950 NORTH KENDALL DRIVE
SUITE 410
MIAMI FL 33176

8950 NORTH KENDALL DRIVE
SUITE 410
MIAMI FL 33176

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

2. New Principal Office Address, If Applicable 8720 NORTH KENDALL DR. Suite, Apt. #, etc. Suite 108	3. New Mailing Office Address, If Applicable 8720 North Kendall Dr. Suite, Apt. #, etc. Suite 108
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33176	Country USA

4. Date Incorporated or Organized
To Do Business in Florida
03/29/1999

5. FEI Number
650908163
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status



300003448113--2
-11/02/00-01009-019

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
D	SZOMSTEIN, MARCOS M.D. MARCOS	8950 NORTH KENDALL DRIVE, SUITE 8720 NORTH KENDALL DR., #108	MIAMI FL 33176

NOTE: THE ABOVE MAILING ADDRESS IS INCORRECT,
I JUST RECEIVED FROM A NEIGHBOR. I WAS NOT
AWARE OF THIS FILING. PLEASE ACCEPT
MY PAYMENT OF \$150.00
THANK YOU

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COBER CORPORATE AGENTS, INC. 2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR MIAMI FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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

REGISTERED AGENT MUST SIGN

Date

CR2E040 (8/00)

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.

SIGNATURE: Katherine Harris, M.D. 10/17/00 (305) 596-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 3080