

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
OR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 4:50

DOCUMENT # P99000028509

1. Corporation Name

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

Principal Place of Business

Mailing Address

8720 NORTH KENDALL DRIVE
SUITE 108
MIAMI FL 33176

8720 NORTH KENDALL DRIVE
SUITE 108
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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0908163

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SZOMSTEIN, MARCO M.D.	8720 NORTH KENDALL DR, #108	MIAMI FL 33176
	MARCOS, M.D.		100004654551--2 -10/26/01--01032--003 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/01 (305) 596-3080

CR2E040 (8/01)

Marcos Szomstein, MD, PA
COLON & RECTAL SURGERY
ANORECTAL PHYSIOLOGY

Marcos Szomstein, MD, FACS, FASCRS
Diplomate of American Board of Surgery
and Colon and Rectal Surgery

8720 N. Kendall Drive, Suite 108, Miami, FL 33176
4302 Alton Road, Suite 460, Miami Beach, FL 33140
Ph.: 305-596-3080 Fax: 305-596-3073

10/12/01

DEAR SIRs:

I AM REQUESTING A WAIVER OF THE REINSTATEMENT
FEE FOR MY CORPORATION.

I DID NOT RECEIVE ANY NOTICES REGARDING 2001
ANNUAL REPORT/UNIFORM BUSINESS REPORT PRIOR TO
~~RECEIVING~~ RECEIVING THE REINSTATEMENT NOTICE.

I PAY A LOT OF ATTENTION TO MY BUSINESS ADMINISTRATION
ISSUES AND I AM ALWAYS ON TIME REGARDING
ANY PAYMENTS.

ENCLOSED PLEASE FIND MY REGULAR ANNUAL
FEE FOR MY PROFIT CORPORATION.

IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT
HESITATE TO CALL ME AT 305-596-3080.

THANKS IN ADVANCE FOR YOUR HELP,

Sincerely,

