PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 17 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000052296**

1. Corporation Name

ADVANCED SURGICAL PROCEDURES P.A.

Principal Place of Business	Mailing Address
P.O. BOX 416732 MIAMI FL 33241-8732	P.O. BOX 416732 MIAMI FL 33241-8732 US

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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/09/1999

5. FEI Number: 65-0925462 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ARTS, JEFF P	7601 E TREASURE DR #1106	N BAY VILLAGE FL 33141

100024723701
11/17/03--01003--004 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ARTS, JEFF P M.D. 7601 E. TREASURE DR. #1106 N. BAY VILLAGE FL 33141	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 11/10/2003

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 REQUIRED — JEFF P. ARTS M.D. — President — (305) 310-9334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
11/10/2003

Office Address:
21110 Biscayne Blvd.
Suite 201
Aventura Fl. 33180
Hrs.By Appointment

JEFF P. ARTS M.D.
Advanced Surgical Procedures P.A.

General and Vascular Surgery

Mailing Address:
P.O. Box 416732
Miami Fl. 33241-8732
Phone: (305) 932-8200
Fax: (305) 864-7383

To; Florida Department of State

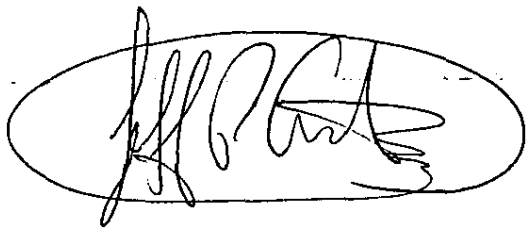
Re; Uniform Business report

I am writing in receipt of your notice of dissolution. I had not received the prior letters regarding the uniform business report. I am the president of the cooperation and have reviewed our files and have no copies of the prior two mailings. I am presently requesting reinstatement of the cooperation "Advanced surgical Procedures P.A."

If you should have any questions or concerns do not hesitate to call.

Thank you for your attention in this matter.

Sincerely,



Jeff P. Arts M.D.
President:
Advanced Surgical Procedures P.A.