

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000093062

1. Corporation Name

SOUTHWEST BROWARD MEDICAL, INC.

Principal Place of Business

18135 NW 15TH COURT
PEMBROKE PINES FL 33029

Mailing Address

18135 NW 15TH COURT
PEMBROKE PINES FL 33029

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1999

5. FEI Number

65-0958592

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
D	DIAZ, JORGE	18135 NW 15 CT.	PEMBROKE PINES FL 33029
D	DIAZ, YAQUELIN	18135 NW 15 CT.	PEMBROKE PINES FL 33029

400008809934

11/05/02--01085--015 **150.00

8. Name and Address of Current Registered Agent

DIAZ, GEORGE
1597 NW 168TH AVENUE
PEMBROKE PINES FL 33156

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-29-02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/02

Daytime Phone #

954-436-1131

CR2ED40 (8/02)

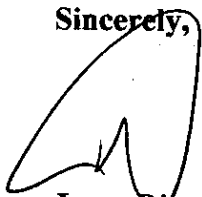
10/28/02

To: Florida Department of State

Re: Uniform Business Report

This is to inform that I did not receive the uniform business report and would therefore like to reinstate my corporation. Enclosed is a check in the amount of \$150.00.

Sincerely,

A handwritten signature in black ink, appearing to be 'Jorge Diaz', written over a horizontal dashed line.

Jorge Diaz M.D.