PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS 03 OCT 31 AM 9: 24 P99000095976 DOCUMENT # SECRETARY OF STATE TALLAHASSEE FLORIDA 1. Corporation Name ARMANDO E. CAMP, M.D., P.A. Principal Place of Business Mailing Address 4701 MERIDIAN AVENUE 3800 SW 10 STREET NICHOL BUILDING LEVEL & MIAMI BEACH FL 33140 MIAM! FL 33135 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable New Mailing Office Address, If Applicable orporated or Qualified To Do Business in Florida 10/29/1999 Suite, Apt. #, etc. 5. FEI Number Applied For City & State 65-0976070 Not Applicable \$8.75 Additional Fee required Zip Country CERTIFICATE OF STATUS DESIRED X 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) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director 3 D CAMP, ARMANDO E 3600 SW-10 STREET **MIAMI FL 33135** 33*160* 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CAMP, ARMANDO E Street Address (P.O. Box Number is Not Acceptable) **3600 SW 10 STREET** Suite, Apt. #, Etc. **MIAMI FL 33135** City 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. 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

Signature of Registered Agent

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 path,

SIGNATURE

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