

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

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

FILED

DOCUMENT # P99000108425

00 DEC -5 PM 3:29

1. Corporation Name

JOSEPH ZEBEDE, M.D., P.A.

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 4302 ALTON ROAD Suite 222 4302 ALTON ROAD  
 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140



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

2. New Principal Office Address, If Applicable 4300 Alton Rd Suite, Apt. #, etc. Suite 222 City & State Miami Beach FL Zip 33140 Country USA		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/15/1999	
5. FEI Number 65-097050-2		Applied For		Net Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ZEBEDE, JOSEPH M.D.	4300 4302 ALTON ROAD Suite 222	MIAMI BEACH FL 33140
			700003505727--5 -12/19/00--01052--026 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~AMERICAN INFORMATION SERVICES, INC.  
 ONE S.E. 3RD AVENUE, 28TH FLOOR  
 MIAMI FL 33131~~

Name Joseph Zebede  
 Street Address (P.O. Box Number is Not Acceptable) 4300 Alton Rd. Suite 222  
 Suite, Apt. #, Etc. Suite 222  
 City Miami Beach State FL Zip Code 33140

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 **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 12.1.00

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: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12.1.00

Daytime Phone #

CR2E040 (8/00)

P99000108425

2002



Joseph Zebede, M.D.  
Director  
Cardiac Electrophysiology

November 30, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P O Box 6327  
Tallahassee, FL 32314-6327

Re: Document # P99000108425

To Whom It May Concern,

My office has recently been in touch with your office regarding the application for reinstatement form I received. The address on the form is incorrect so I assume that is why I never received the original request for the 2000 corporation annual report. I was told to forward this information in writing along with a check in the amount of \$150.00.

Your help in rectifying this situation is truly appreciated. If you need any further information, or if I can help you please do not hesitate to call me.

Sincerely,

A handwritten signature in black ink, appearing to be "J. Zebede", written over a horizontal line.

Joseph Zebede, M.D.