PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPLICATION FOR REINSTATEMENT

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

H99— 22475 0

FILED
99 SEP -8 AM 10:
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 847088

1. Corporation Name

EAR, NOSE, THROAT AND FACIAL PLASTIC SURGERY CENTER OF SOUTH FLORIDA, P.A.

Principal Place of Business
220 SW 84 Avenue, Suite 101
Plantation, Florida 33324

Mailing Address

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

REINSTATEMENT 9-8-99

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: April 19, 1991

5. FEI Number: 59-3062637 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D, P	Curtis D. Johnson	220 SW 84 Avenue, Ste. 101	Plantation, Florida 33324
D, S T	Jon Rosenthal	220 SW 84 Avenue, Ste. 101	Plantation, Florida 33324

8. Name and Address of Current Registered Agent

Bernard D. Sommers
235 S. Maitland Avenue, Suite 209
Maitland, Florida 32751

9. Name and Address of New Registered Agent

Name: Curtis D. Johnson
Street Address (P.O. Box Number is Not Acceptable): 220 SW 84 Avenue, Suite 101
Suite, Apt. #, Rm:
City: Plantation | State: FL | Zip Code: 33324

CR2E056 (1/99)

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] REGISTERED AGENT MUST SIGN Date: SEPTEMBER 2, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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] Curtis D. Johnson PRESIDENT 9.1.99 954 476-0450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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Division of Corporations
Fax Number : (850)922-4004

From:
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Account Number : 076077000521
Phone : (954)761-2910
Fax Number : (954)764-4996

CORPORATION REINSTATEMENT

EAR, NOSE, THROAT AND FACIAL PLASTIC SURGERY CENTER

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