

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 24 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 64996

1. Corporation Name

NORTHWEST ANESTHESIOLOGIST
GROUP, P.A.

Reinstatement
0004-2007
CR2E081 (1/07)
7/23

2. Principal Office Address - No P.O. Box #
7301 W CYPRESS HEAD DR
Suite, Apt. #, etc.

3. Mailing Office Address
7301 W CYPRESS HEAD DR
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 7-2-91

5. FEI Number 65-0268806
Applied For
Not Applicable

City & State
PARKLAND FL
Zip Country
33067 BROWARD

City & State
PARKLAND, FL
Zip Country
33067 BROWARD

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ALBERTO MOTTA
Street Address (P.O. Box Number is Not Acceptable)
7301 W. CYPRESS HEAD DR
Suite, Apt. #, Etc.
City State Zip Code
PARKLAND FL 33067

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date 7-7-07
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>D</u>	<u>ALBERTO MOTTA</u>	<u>7301 W CYPRESS HEAD DR</u>	<u>PARKLAND, FL 33067</u>
<u>D</u>	<u>VICTOR MUENTE</u>	<u>6801 YELLOWSTONE LANE</u>	<u>PARKLAND, FL 33067</u>
<u>T</u>	<u>GARY HINDIN</u>	<u>19267 BAYLEAF CT</u>	<u>BOCA RATON, FL 33498</u>

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 7-7-07