

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAR 13 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

V 34002

1. Corporation Name

GASTROENTEROLOGY CARE CENTER, INC.

2. Principal Office Address

7500 SW 87 AVE.

3. Mailing Office Address

7500 SW 87 AVE.

Suite, Apt. #, etc.

# 200

Suite, Apt. #, etc.

#200

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33173

Country

USA

Zip

33173

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0405306

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~James Leavitt~~ JAMES LEAVITT

400003180214--9

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

7500 SW 87 AVE #200

-03/22/00--01077--023

\*\*\*\*900.00 \*\*\*\*900.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

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

*James Leavitt*

Date

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
PRES.	JAMES LEAVITT	7500 SW 87 AVE	MIAMI, FL 33173
SEC.	Larry Rotman	7500 SW 87 AVE	MIAMI, FL 33173
TREAS.	Harris Goldberg	7500 SW 87 AVE	MIAMI, FL 33173

REINSTATEMENT 99-00

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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 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: *James Leavitt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #