

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -1 PM 5:07

DOCUMENT # 628023

1. Corporation Name

CARLOS J. GONZALEZ, M.D., P.A.

Principal Place of Business

Mailing Address

2321 US HWY 27 NORTH
AVON PARK FL 33825
US

P.O. BOX 670
AVON PARK FL 33825



REINSTATEMENT

00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1914127

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GONZALEZ, CARLOS J.	2321 US HWY 27 NORTH	AVON PARK FL

500003468845--2
-11/17/00-01070-017
***750.00 ***750.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, CARLOS J., M.D.
2321 US HWY 27 N
AVON PARK FL 33825

Name

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

Suite, Apt. #, Etc.

City

State
FL

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.

Signature of Registered Agent

Handwritten signature of Carlos J. Gonzalez

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E040 (8/00)