

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J90069**

1. Corporation Name

BLOOMINGDALE PEDIATRIC ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

4316 BELL SHOALS
VALRICO FL 33594
US

4316 BELL SHOALS
VALRICO FL 33594
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1987

5. FEI Number

59-2839869

Applied For

Not Applicable

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
0	RUIZ, SONIA M.	4316 BELL SHOALS ROAD	VALRICO FL 33594

100008770261
11/04/02--01010--019 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUIZ, SONIA M.
4316 BELL SHOALS ROAD
VALRICO FL 33594

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL
Zip Code	

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent *Sonia Ruiz* **SIGNATURE REQUIRED** Date 10-2-02
REGISTERED AGENT MUST SIGN

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: *Sonia Ruiz* **SIGNATURE REQUIRED** Date 10-2-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR