

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

02 APR 30 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M72986

1. Corporation Name

LUCINDA CUERVO MD. PA.

300005491683--5

-05/08/02--01043--013

\*\*\*\*450.00 \*\*\*\*450.00

2. Principal Office Address

7000 SW 62nd Ave. PH C

3. Mailing Office Address

7000 SW. 62nd Ave. PH C

Suite, Apt. #, etc.

PH C

Suite, Apt. #, etc.

PH C

City & State

Miami, Fl. 33143-4721

City & State

Miami, Fl. 33143-4721

Zip

33143-4721

Country

Miamidade

Zip

33143-4721

Country

Miami dade

4. Date Incorporated or Qualified  
To Do Business in Florida

03/16/88

5. FEI Number

65-0080729

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

Lucinda I Cuervo MD

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

8150 SW 90 Terr.

Suite, Apt. #, Etc.

City

Miami, Fl. 33256

State

FL

Zip Code

33256

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 X

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
P	Lucinda I. Cuervo MD	8150 SW 90 Terr.	Miami, Fl. 33256

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)(j), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02

305-668-4688

nc 5/2/02

CR2E081 (9/01)

Lucinda I. Cuervo M.D. P.A.  
7000 S.W. 62<sup>nd</sup> Ave., Penthouse C  
Miami, FL 33143-4721

April 22, 2002

Department of State  
Division of Corporations  
Amendment to Articles of Incorporation  
409 East Gaines St.  
Tallahassee, Florida 32399

Document #: M72986

To whom it may concern:

Attached please find a submission of reinstatement for Lucinda I. Cuervo MD. P.A., and a check in the amount of \$450.00.

In addition to my request for reinstatement, I would like to ask for a waiver of my reinstatement fee. During the course of one year, I had two address changes and it appears to me that our annual form was lost.

If you have any questions, please contact me at the above address above.

Thank you in advance,

Lucinda Cuervo