## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

 Secretary of State ญVISION OF CORPORATIONS

## DOCUMENT # P01000084174

1. Corporation Name

ROSARIO GELY-SEPULVEDA, M.D., P.A.

Principal Place of Business

Mailing Address

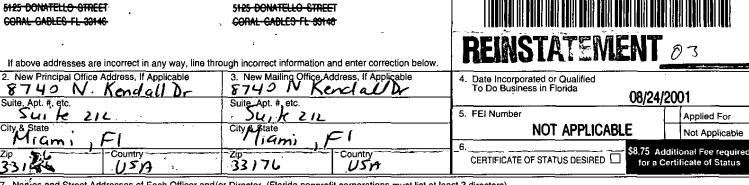
5125 DONATELLO STREET

5125 DONATELLO STREET

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GELY-SEPULVEDA, ROSAIRO	13621 Decring Bay Dr #604	CORAL GABLES FL 33146 F 133158
			. DO24026322 0301071015 **236.25
			##236.25 DO24026322 0301117025 **513.75

GELY-SEPULVEDA, ROSARIO	13621	Deeling Bay Dr + 604	Street Address (P.O. Box Number is Not Acceptable)  Suite: Apt. #. Etc.			
CORAL GABLES FL 33146	Coal	babls, F1 33154	City	State	Zip Code	
. I, being appointed the registered ag	ent of the ab	ove named corporation, am familiar wi	th and accept the obligations of Section 607.0505, F.S. or		<del></del>	

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-17-97

9. Name and Address of New Registered Agent

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

8. Name and Address of Current Registered Agent

Daytime Phone #