

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 10 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000097801

1. Corporation Name

Amy Satterlee PA-C, PA

REINSTATEMENT

07-09

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

1373a SW 103 Terrace

3. Mailing Office Address

1373a SW 103 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami, FL

City & State

miami, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-12-05

5. FEI Number

203165495

☐ 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

Amy de la Uz

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

1373a SW 103 Terrace

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33186

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Amy de la Uz

REGISTERED AGENT MUST SIGN

Date 1-30-09

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
President Director	Amy de la Uz	1373a SW 103 Terrace	miami, FL 33186

000143238360
02/10/09--01006--018 **1050.00

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 contained in Chapter 119, 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:

Amy de la Uz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-09

Date

305-519-2616

Daytime Phone #