

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 20 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000043088

1. Corporation Name

JORGE L. HERNANDEZ, M.D., P.A.

Principal Place of Business

47 WEST COLUMBIA ST
ORLANDO FL 32856

Mailing Address

47 WEST COLUMBIA ST
ORLANDO FL 32856

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

2. New Principal Office Address, If Applicable

930 S. Orange Ave.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

930 S. Orange Ave.
Suite, Apt. #, etc.

City & State

Orlando

City & State

Orlando

Zip

32806

Country

USA

Zip

32806

Country

USA

2000 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1998

5. FEI Number

59-2913547

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 |
|---------------|---|--|--|
| D | HERNANDEZ, JORGE L M.D. | 1461 CLEARWATER CT | HEATHROW FL 32746 |
| | | | 9000003458079--6 -11/09/00--01017--022 *****150.00 *****150.00 |
| | | | 0000003458080--3 -11/09/00--01017--023 *****8.75 *****8.75 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

HERNANDEZ, JORGE L M.D.
1461 CLEARWATER CT
HEATHROW FL 32746

9. Name and Address of New Registered Agent

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

George L. Hernandez
REGISTERED AGENT MUST SIGN

Date

10/18/00

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:

George L. Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/00 407-444-2090

Florida Dept. of State

10-18-00

To whom it may concern:

Please be advised that at no time do I recall receiving the renewal form earlier this year.

My business changed addresses in December of 1999 and the only reason I can think of is that a change of address was not done and mail was not forwarded.

Please know that had I received this renewal earlier this year it would have been paid in a timely manner given the steep penalty.

Per my telephone conversation with a lady in your office, I am writing this letter and enclosing a fee of \$150.00 along with \$8.75 for a certificate status.

Thank you for your understanding.
J. L. Ferris MD
407-444-6090