

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED
02 NOV 21 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02

DOCUMENT #

S00920

1. Corporation Name

Estevan Alfonso Ruiz, M.D., PA.

2. Principal Office Address

8813 River Crossing Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

NPR, Florida

City & State

Zip

Country

Zip

Country

34655

PASCO

4. Date Incorporated or Qualified To Do Business in Florida

9-14-1990

5. FEI Number

59-3026973

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

Estevan Alfonso Ruiz, MD, P.A.

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

8813 River Crossing Blvd

500009150875

Suite, Apt. #, Etc.

APR, 71 304

11/21/02--01071--009

**758.75

City

NPR

State

FL

Zip Code

34655

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

Estevan Alfonso Ruiz, MD, P.A.
REGISTERED AGENT MUST SIGN

Date

11/18/02

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	Estevan Alfonso Ruiz	8813 River Crossing Blvd	NPR, FL 34655

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)(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:

Estevan Alfonso Ruiz, MD, P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/02

Date

727-375-1953

Daytime Phone #