

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 PM 3:05

DOCUMENT # 458046

1. Corporation Name
TOMAS A. CABRERA, M.D., P.A.

Principal Place of Business
330 S.W. 27th Avenue
Suite 203
Miami, FL 33135

Mailing Address
c/o Ivan A. Gomez, P.A.
601 Brickell Key Drive
Suite 507
Miami, Florida 33131

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		9-23-74	
City & State		City & State		5. FEEL Number	
Zip		Zip		59-1554505	
Country		Country		Applied For	
33131		USA		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				S\$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 95-600

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P/S/T	Tomas A. Cabrera, M.D.	300 S.W. 27th Avenue Suite 203	Miami, Florida 33135
			800003330178--1
			-07/20/00--01061--031
			***1508.75 ***1508.75

8. Name and Address of Current Registered Agent

Tomas A. Cabrera
111 Bayshore Drive
Miami, Florida 33166

9. Name and Address of New Registered Agent

Name
IAG Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive
Suite, Apt. #, Etc.
507
City
Miami
State
FL
Zip Code
33131

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 By: Ivan A. Gomez Date 7/5/00

IVAN A. GOMEZ, PRESIDENT

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (1/2/98)