

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 JUL 23 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 484391**

**1. Corporation Name**

CERNUDA, COHEN, REINA AND SIERRA, M.D.'S P.A.

200007630352--6  
-09/10/02--01037--016  
\*\*\*\*300.00 \*\*\*\*300.00

**2. Principal Office Address**

4900 North Habana Ave.

**3. Mailing Office Address**

4900 North Habana Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33614

Country

USA

Zip

33614

Country

USA

To Do Business in Florida

9/15/75

**5. FEI Number**

59-162-4601

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

Cernuda, Charles E.

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

4900 North Habana Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33614

**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

*Charles E. Cernuda*  
REGISTERED AGENT MUST SIGN

Date

7-15-02

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | Cernuda, Charles E.                  | 4930 Andros Dr.                                   | Tampa, FL          |
| S      | Cohen, Richard D.                    | 4900 N. Habana Ave.                               | Tampa, FL          |
| T      | Reina, Domenick J.                   | 4900 N. Habana Ave.                               | Tampa, FL          |
| VP     | Sierra, Kevin                        | 4900 N. Habana Ave.                               | Tampa, FL          |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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:**

*Charles E. Cernuda Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-15-02 (813) 876 6311  
Daytime Phone #

CR2E081 (9/01)