

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
**Jul 11, 2002 8:00 A.M.**  
**Secretary of State**

DOCUMENT # 486225

1. Corporation Name

Robert M. PEREZ, D.P.M., PA.

2. Principal Office Address

600) SW 18th St.

Suite, Apt. #, etc.

3. Mailing Office Address

600) SW 18th St.

Suite, Apt. #, etc.

City & State

Plantation, FLA

City & State

Plantation, FLA

Zip

33317

Country

USA

Zip

33317

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1975

5. FEI Number 59-1622852

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert M. PEREZ

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

600) SW 18th St

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33317

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

REGISTERED AGENT MUST SIGN

Date

7/8/02

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
PRES	Robert M. PEREZ	600) SW 18th St	Plantation, FLA, 33317
V.P.	Phyllis PEREZ	600) SW 18th St	Plantation, FLA, 33317
Treas.			

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)(f), 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

Robert M. PEREZ

Date

7/8/02

Daytime Phone #

(934) 582-6667