

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100008835781  
11/06/02--01123--017 \*\*750.00



REINSTATEMENT 02

DOCUMENT # 513493

1. Corporation Name

JUAN MARTIN LEBORGNE, M.D. AND ASSOCIATES, PROFESSIONAL ASSOCIATION

Principal Place of Business

Mailing Address

~~7385 S.W. 109TH TERRACE  
MIAMI FL 33156~~

7385 S.W. 109TH TERRACE  
MIAMI FL 33156

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

~~7385 S.W. 109TH TERRACE~~  
7575 S.W. 47 CT  
Suite, Apt. #, etc.

7575 S.W. 47 CT  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

09/13/1976

5. FEI Number

59-1692714

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State

Miami FL

City & State

Miami FL

Zip Country  
33143 Dade

Zip Country  
33143 Dade

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LEBORGNE, JUAN MARTIN	<del>7385 SW 109TH TERRACE</del>	MIAMI FL

8. Name and Address of Current Registered Agent

LEBORGNE, JUAN MARTIN  
7385 S.W. 109TH TERRACE  
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code  
FL

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-1-02

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-1-02

CR2E040 (8/02)