

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION FOR REINSTATEMENT

FILED
 04 JAN 13 PM 4:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
REINSTATEMENT 02-03

DOCUMENT # **540681**

1. Corporation Name

HECTOR J. SANCHEZ, M.D., P.A.

Principal Place of Business

2645 SW 37 AVE
 SUITE # 301
 MIAMI FL 33133

Mailing Address

2645 SW 37 AVE
 SUITE # 301
 MIAMI FL 33133



200011777892

02/04/03--01031--006 **750.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/01/1977

5. FEI Number

59-1750222

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 - Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PA	SANCHEZ, HECTOR J	1515 SARRIA AVE	CORAL GABLES FL

200011777892
 01/13/04--01090--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANCHEZ, HECTOR
 3211 PONCE DE LEON BLVD. STE #M-1
 CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

01/06/03

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

Date

01/07/04

Daytime Phone #

CR2E040 (9/02)