

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 FEB 11 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 546355

1. Corporation Name

Jaime Llobet, M.D., P.A.

2. Principal Office Address - No P.O. Box #

9200 Sunset Drive

Suite, Apt. #, etc.

Building 4

City & State

MIAMI, FL

Zip

33173

Country

U.S.A.

3. Mailing Office Address

9200 Sunset Drive

Suite, Apt. #, etc.

Building 4

City & State

MIAMI, FL

Zip

33173

Country

U.S.A.

REINSTATEMENT 05-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

08-05-1977

5. FEI Number

59-1764522

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

Jaime Llobet, M.D.

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

2944 Birkdale

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33332

100192154651

01/21/11--01050--020 **832.50

100192154651

02/11/11--01028--009 **817.50

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

02-04-11

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
P	Jaime Llobet, M.D.	2944 Birkdale	Weston, FL 33332

10. E-mail Address: JPLlobet@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-04-2011 271455

2/14/11