

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

DO NOT WRITE IN THIS SPACE

FILED

00 DEC 13 PM 12: 38

SECRETARY OF STATE

99-00

2. If ALABAMA REINSTATEMENT is desired, enter the correct reason below:

REINSTATEMENT

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

SP

Address

City and State

Zip Code

4. Date Incorporated or Qualified
To Do Business in Florida

7/15/1978

5. FEI Number

59-1841475

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Antonio Gordon JR MD	344 W 65th St	Hialeah, FL 33012

800003509148-3
-12/20/00--01077--009
****900.00 ****900.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Antonio Gordon JR MD
344 W 65th St
Hialeah, FL 33012

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

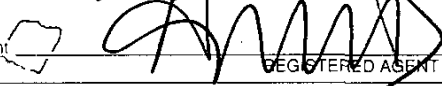
City

State

Zip

FL

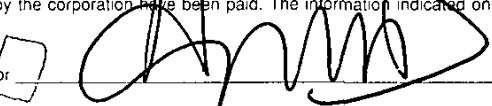
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  Date 12/11/00
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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. 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 of Officer or Director  Date 12/11/00 Daytime Phone # (305) 556-6459

Typed or printed name of signing officer or director Antonio Gordon JR MD