

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 15 AM 10:34

DOCUMENT # 599631

1. Corporation Name

JESUS S. RODRIGUEZ, M.D., P.A.
142 E. 49th Street
HIALEAH, FL 33013

2. Principal Office Address

142 E. 49th Street

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33013

Country

MIAMI-DADE

3. Mailing Office Address

142 E. 49th Street

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip

33013

Country

MIAMI-DADE

REINSTATEMENT (W)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-1881709

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

JESUS S. RODRIGUEZ, M.D.

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

142 E. 49th STREET

Suite, Apt. #, Etc.

City

HIALEAH

State
FL

Zip Code

33013

200003515552--0

-12/28/00--01039--025

****750.00 ****750.00

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

Date DEC 4/2000

REGISTERED AGENT MUST SIGN

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
DP	JESUS S. RODRIGUEZ, M.D.	142 E. 49th STREET	HIALEAH, FL 33013

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

12/04/00

Date

305-822-1993

Daytime Phone #

CR2E081 (9/99)