

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2



FLORIDA DEPARTMENT OF STATE
Katharine Harrington
Secretary of State
DIVISION OF CORPORATIONS

APPLICATION
FOR
~~REINSTATEMENT~~

FILED

00 OCT 30 AM 9:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 607745

1. Corporation Name

CLAUDIO J. DIAZ, M.D., P.A.

Principal Place of Business

Mailing Address

10101 S.W. 40TH STREET
~~P.O. BOX 650870~~
MIAMI FL 33165

~~10101 S.W. 40TH STREET~~
P.O. BOX 650870
MIAMI FL 33165



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

Claudio J. Diaz MD PA

Claudio J. Diaz MD PA

Suite, Apt. #, etc.
10101 SW 40th st

Suite, Apt. #, etc.
PO Box 650870

City & State
Miami FL

City & State
Miami FL

Zip
33165

Zip
33165

Country
USA

Country
Dade

4. Date Incorporated or Qualified To Do Business in Florida

01/24/1979

5. FEI Number

59-1899259

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
PD	DIAZ, CLAUDIO J.	747 PONCE DE LEON BLVD.	CORAL GABLES FL
PD	Diaz, Claudio J.	10101 SW 40th st	Miami, FL 33165

500003468885--8
-11/17/00--01072--017
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIAZ, CLAUDIO J.
10101 SW 40 STREET
MIAMI FL 33165

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.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/24/00

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

10/24/00 (303) 551-7468
Date Daytime Phone #

KE

CR2E040 (8/00)

CLAUDIO J. DIAZ, M.D., P.A.
P.O. BOX 650870
MIAMI, FLORIDA 33165

October 24, 2000

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

Re: Corporation Annual Report

To Whom it may concern

This in reference the reinstatement application that we received on October 20, 2000, this is the first notice that we received in order to pay the corporation annual report. The correct mailing address is the P.O. Box 650870, Miami FL 33165, we do not receive any correspondence at the physical address 10101 SW 40th Street.

Please help us to resolve this matter as soon as possible.

Thank you for your help and cooperation with this matter.

Claudio J. Diaz