PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR







DOCUMENT # 607745

1. Corporation Name

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

Principal Place of Business Mailing Address

10101 S.W. 40TH STREET

10101 S.W. 407H STREET

P.O. BOX 650870 MIAMI FL 33165 00 OCT 30 AM 9: 29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED



MIAMI PL 3	33165	MIMMI PE 33103						
If above a	ddresses are incorrect in any way, line throu	igh incorrect inform	mation and enter co	prrection below.				
2 New Principal Office Address, If Applicable, A 3. New Mailing Office Address, If Applicable, PA Claudio J. DIGZ HD PA					Date Incorporated or Qualified To Do Business in Florida 01/24/1979			
Suite, Apt. #	", sw yoth st	Suite, Art. Betc.	x 650	870	5. FEI Numbe		Applied For	
City & State	$=$ $\pm i$	City & State	71 77		 _	59-1899259	Not Applicable	
M1ar 3316	5 Country USA	Country	ade	6. CERTIFICAT		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)								
Title(s)	Name of Officers and/or Directors		Stre Offic	et Address of Each per and/or Director	City / State / Zip			
XX	DIAZ, CDAUDIO J. 747 PONCE		47 PONCE DE	ELEON BLVD.		CORAL-GABLES FL		
PD	DIGZ, Claudio J.		10101 SW 40th St			Miami, FL 33165		
					-			
						00002469		
					<u>, </u>	00003468 -11/17/00 ****150.00	01072017	
			<u>, √10,1,1</u> 0					
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
Name								
				Street Address (P.O. Box Number is Not Acceptable)				
10101 SW 40 STREET MIAMI FL 33165				Suite, Apt. #, Etc.				
				City	State 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 SIGNESS DEED Date 10/04/00								
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 filling 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 OF SIGNATURE								

PRACTICE LIMITED TO ...



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

Detuber 24, 2000.00

Junision of Perposations Incial Report Reinstalement Section P. O Bert 6327 Tallahusseen FL 32314-6327

Re: Corporation anual Report

To whom it may conserer:

that we received on October 30, 2000, the estable we seemed in October 30, 2000, the estable we received in order to pay the wrotation around report. The correct madeing address es the P. O Box 150870, Hami F (1) at the physical address 10101 500 40 th Street.

Plead help as to risolve their matter as soon as passible. Thank your help and wooperation well. Their matter