

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 16 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

01-03

DOCUMENT # 623752

1. Corporation Name

Guillermo Cadena, MD, PA

2. Principal Office Address

10521 Hearth Road

Suite, Apt. #, etc.

N/A

City & State

Spring Hill, FL

Zip

34608

Country

Hernando

3. Mailing Office Address

10521 Hearth Road

Suite, Apt. #, etc.

N/A

City & State

Spring Hill, FL

Zip

34608

Country

Hernando

500008474705--9

-10/21/02--01036--003

****150.00 ****150.00

500008474705

07/18/03--01079--010 **450.00

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/79

5. FEI Number

59-1909741

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

Guillermo Cadena, MD

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

10521 Hearth Road

Suite, Apt. #, Etc.

N/A

City

Spring Hill,

State

FL

Zip Code

34608

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 12.15.02

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	Guillermo Cadena	1275 Dismayne Drive 10521 Hearth Rd	Hernando FL 34448 Spring Hill FL 34608

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

Date

Daytime Phone #

Guillermo MCBENES M.D Director

10.15.02

352-686-9200

CR2E081 (9/00)