

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 16 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

01-03



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

DOCUMENT # 623752

1. Corporation Name
Guillermo Cadena, MD, PA

500008474705--9
-10/21/02--01036--003
****150.00 ****150.00

500008474705
07/18/03--01079--010 **450.00

2. Principal Office Address 10521 Hearth Road		3. Mailing Office Address 10521 Hearth Road	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Spring Hill, FL		City & State Spring Hill, FL	
Zip 34608	Country Hernando	Zip 34608	Country Hernando

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 Cadena Date 12.15.02

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
P	Guillermo Cadena	1275 Dismal Drive 10521 Hearth Rd	Hemosassa FL 34448 Springhill 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: Cadena Guillermo M CADENA M.D Director Date 10.15.02 352-686-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)