


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC 20 PM 2:36

DOCUMENT # **624146**

1. Corporation Name

MANUEL D. VAZQUEZ, M.D., P.A.

Principal Place of Business

1394 NW 100 AVE.
 CORAL SPRINGS FL 33071
 US

Mailing Address

1394 NW 100 AVE.
 CORAL SPRINGS FL 33071
 US



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 | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 06/08/1979 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 59-1936987 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 |
|------------|-------------------------------------|--|----------------------|
| DP | VAZQUEZ, MANUEL D MD | 1394 NW 100 AVE. | CORAL SPRINGS FL |
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Handwritten initials

| | | | |
|--|--|--|----------------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| VAZQUEZ, MANUEL D MD 1394 NW 100 AVE. CORAL SPRINGS FL 33071 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State Zip Code |
| | | | FL |

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 *Manuel D. Vazquez MD* Date 12-14-01
 REGISTERED AGENT MUST SIGN

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: *Manuel D. Vazquez MD* Date 10-24-01 (954) 973-0030
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2040 (801)