

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 26 AM 8:21

DOCUMENT # **626115**

1. Corporation Name

LILA SEGADÉ-LUGARO, M.D., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-03

2. Principal Office Address

635 NE 116 STREET

Suite, Apt. #, etc.

City & State

BISCAYNE PARK FL

Zip

33161

Country

USA

3. Mailing Office Address

635 NE 116 STREET

Suite, Apt. #, etc.

City & State

BISCAYNE PARK FL

Zip

33161

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/15/79

5. FEI Number

59-1934631

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

SEGADÉ-LUGARO, LILA, M.D.

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

635 NE 116 STREET

Suite, Apt. #, Etc.

City

BISCAYNE PARK

State

FL

Zip Code

33161

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 ☒

3/14/03

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
PD	SEGADÉ-LUGARO, LILA, M.D.	635 NE 116 STREET	BISCAYNE PARK, FL 33161
VST	SEGADÉ-LUGARO, LILA, M.D.	635 NE 116 STREET	BISCAYNE PARK, FL 33161

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

LILA SEGADÉ-LUGARO

Date

3/14/03

Daytime Phone

3904792