

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

02 FEB -4 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-02/20/02--01052--009

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DOCUMENT # **628023**

**1. Corporation Name**

CARLOS J. GONZALEZ, MD, PA

**2. Principal Office Address**

1630 11th AVENUE

Suite, Apt. #, etc.

City & State

SEBRING, FL

Zip

33875

Country

**3. Mailing Office Address**

1630 11th AVENUE

Suite, Apt. #, etc.

City & State

SEBRING, FL

Zip

33875

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/01/1979

**5. FEI Number**

59-1914127

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**7. Name and Address of Current Registered Agent**

Name

GONZALEZ, CARLOS J., M.D.

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

1630 11th AVENUE

Suite, Apt. #, Etc.

City

SEBRING

State

FL

Zip Code

33875

**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 **1-10-02**

**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	GONZALEZ, CARLOS J.	1630 11th AVENUE	SEBRING, FL 33875

**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)(l), 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 #