

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 14 AM 8:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 676678

1. Corporation Name
AURELIO R. REYES, M.D., P.A.

Principal Place of Business
3700 WASHINGTON STREET #403
HOLLYWOOD FL 33021

Mailing Address
3700 WASHINGTON STREET #403
HOLLYWOOD FL 33021



REINSTATEMENT

96-97
20

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

07/18/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 59-2018293

Applied For
Not Applicable

City & State

City & State

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	REYES, DR. AURELIO R.	3700 WASHINGTON ST. #403	HOLLYWOOD FL

500002351005-5
-11/18/97--01089--001
****915.00 ****915.00

8. Name and Address of Current Registered Agent

ANGLES, NEREIDA
1040 CITY NATIONAL BANK BLDG.
MIAMI FL

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

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 *Aurelio R. Reyes*

REGISTERED AGENT MUST SIGN

Date 11-7-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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: *Aurelio R. Reyes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)
11-7-97 983-3233
Date Daytime Phone #

CR2500 (7/96)