

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 JAN 30 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300116459493
01/30/08--01033--028 **1050.00

CR2E081 (12/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 697620

1. Corporation Name

PEDRO HERNANDEZ, M.D. P.A.

2. Principal Office Address - No P.O. Box #

3250 N.W. 7th. STREET

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33125

Country

DADE

3. Mailing Office Address

3250 N.W. 7th. STREET

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33125

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

592117027

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

PEDRO HERNANDEZ

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

3250 N.W. 7th. STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Pedro Hernandez

REGISTERED AGENT MUST SIGN

Date

1/29/08

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
PV	PEDRO HERNANDEZ	7810 S.W 21st. STREET	MIAMI, FL.

REINSTATEMENT

02-08

[Signature]

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 contained in Chapter 119, 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:

Pedro Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08

Date

305 541-7707

Daytime Phone #