

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT OF FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 NOV 14 AM 8:08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F36086

1. Corporation Name

JORGE A. MELENDEZ, M.D., P.A.

Principal Place of Business

Mailing Address

% JORGE A MELENDEZ P.O. BOX 273140 4710 N. HABANA AVE #404 TAMPA FL 33614

% JORGE A MELENDEZ P.O. BOX 273140 TAMPA FL 33614 4710 N. HABANA AVE #404 TAMPA FL 33614 33688-3140



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

P.O. Box 273140 Tampa Florida TAMPA Florida

P.O. Box 273140 Tampa Florida TAMPA Florida

4. Date Incorporated or Qualified To Do Business in Florida

06/01/1981

5. FEI Number

59-2094856

Applied For

Not Applicable

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for MELENDEZ, JORGE A at 4710 N HABANA AVE, TAMPA, FL 00000.

500002107835-0 -12/05/00-01075-011 ****150.00 ****150.00 LS

8. Name and Address of Current Registered Agent

MELENDEZ, JORGE A 4710 N HABANA AVE #404 TAMPA FL 33614

9. Name and Address of New Registered Agent

Name Melendez, Jorge A. 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 X REGISTERED AGENT MUST SIGN

Date 11-3-00

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge A. Melendez

11-3-00

Date Daytime Phone #

CR2E040 (8/00)

2002

November 8, 2000

Mrs. Diane M. Melendez
P.O. Box 273140
Tampa - FL 33688-3140

Dear Sirs,

This letter is in response to the letter we received re/dissolving our corporation.

This is the final notice we have received. We changed our business address 2 years ago. After the first year the Postal Service sends all the mail back.

I am not sure what has happened, but I would like to appeal to you to please have the reinstatement fee if you would please check back on our records. We have never been late with this payment.

This letter you is really a hardship on our corporation.

Please advise.

Thank you

Mrs. D. Melendez

George A. Melendez

ch. #5943
#150.00