

PLEASE READ ALL INSTRUCTIONS BEFORE CC

APPROVED
AND
FILED

05 MAR 14 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name **F49058**

FELIPE U. HUAMONTE, M.D., P.A.

REINSTATEMENT *01-05*
MRS

2. Principal Office Address
9290 S.W. 72nd Street

Suite, Apt. #, etc.
Suite 101

City & State
Miami, Florida

Zip
33173

Country
Miami-Dade

3. Mailing Office Address
9290 S.W. 72nd Street

Suite, Apt. #, etc.
Suite 101

City & State
Miami, Florida

Zip
33173

Country
Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida **October 5, 1981**

5. FEI Number **59-2126032**
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
Felipe U. Huamonte, M.D.

Street Address (P.O. Box Number is Not Acceptable)
9290 S.W. 72nd Street

Suite, Apt. #, Etc.
Suite 101

City
Miami

State
FL

Zip Code
33173

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 *Felipe Huamonte*
REGISTERED AGENT MUST SIGN

Date **02/2/05**

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
D/P	Felipe U. Huamonte	9290 S.W. 72nd Street Suite 101	Miami, Florida 33173

100048825271
03/2/05--01003--018 **750.00

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: *Felipe Huamonte* **FELIPE U. HUAMONTE** **02/2/05** **305/412-6382**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)

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FELIPE U. HUAMONTE, M.D., P.A.
DIPLOMATE, AMERICAN BOARD OF OPHTHALMOLOGY
SPECIALIZING IN DISORDERS OF THE RETINA, MACULA AND VITREOUS

TELEPHONE (305) 412-6382
FAX (305) 412-6384

9290 S.W. 72ND STREET, SUITE 101
MIAMI, FLORIDA 33173

March 07, 2005

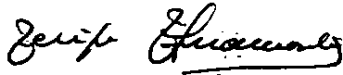
Gary Blankenbaker
Document Specialist
Florida Department of State
Division of Corporations.
P.O. BOX 6327
Tallahassee, Florida 32314

RE: Letter Number:405A00009827

Dear Mr. Blankenbaker:

This is in regards to the reinstatement of my corporation. I would like to let you know that in the year 2001 through the present I did not get the original nor the records notice for renewal of my corporation. I honestly and accidentally overlooked the follow up of this issue since at the time I moved my office from Coral Gables to my present Miami location. I am attaching this letter with a check in the amount of \$750.00 which I sent you previously and it was returned to me due to the lack of the above statement. I would like to thank you for the consideration you can give to the above.

Respectfully,


Felipe U. Huamonte M.D.
FUH/ag