

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F63526

1. Corporation Name

ALICE I. FENIQUITO, M.D., P.A.

Principal Place of Business

1194 HYACINTH PL.  
WELLINGTON, FL.  
33414

Mailing Address

C/O W.G. Tremblay, P.A.  
1801 S. Federal Hwy.  
Suite 219  
Delray Beach, FL 33483

If above addresses are incorrect in any way, line through incorrect address and print correct address below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/1/82

5. FEI Number

59-2147957

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)

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
P.S. T.D.	ALICE I. FENIQUITO	1194 HYACINTH PL.	WELLINGTON, FL 33414
			900002848643-7
			-04/23/99-01010-022
			***1208.75 ***1208.75

REINSTATEMENT

96-99 4/15/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is also acceptable)

Suite, Apt. #, Etc

City

W.G. Tremblay, P.A.  
1801 S. Federal Hwy.  
Suite 219  
Delray Beach, FL 33483

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

W.G. Tremblay

REGISTERED AGENT MUST SIGN

Date

4/6/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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)(b), 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: ✓ Alice I. Feniquito M.D. President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99 (561) 793-1044  
Date Phone