

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F76036**

1. Corporation Name

**OSCAR RODRIGUEZ, M.D., P.A.**

Principal Place of Business

401 NW 42 AVE  
PLANTATION FL 33317  
US

Mailing Address

10857 N.W 2ND ST  
PLANTATION FL 33324  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/12/1982

5. FEI Number

59-2156696

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip    |
|---------------|-------------------------------------------|--------------------------------------------------------|----------------------------|
| P             | RODRIGUEZ, OSCAR L.                       | 10857 NW 2 ST                                          | PLANTATION FL 33324 - 1549 |
|               |                                           |                                                        |                            |
|               |                                           |                                                        |                            |
|               |                                           |                                                        |                            |
|               |                                           |                                                        |                            |
|               |                                           |                                                        |                            |
|               |                                           |                                                        |                            |

200023867692  
10/17/03--01004--023 \*\*150.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, OSCAR L.  
401 N.W. 42ND AVENUE  
PLANTATION FL 33317

9. Name and Address of New Registered Agent

Name

OSCAR L. RODRIGUEZ, M.D.

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

10857 NW 2ND STREET

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324-1549

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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:

Oscar L. Rodriguez M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 OCT 2003

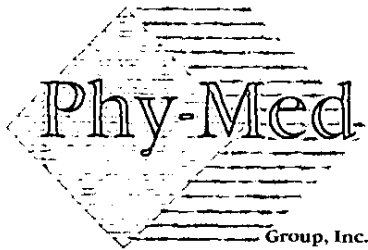
Date

954-587-5010

Daytime Phone #

X6160

CR2040 (7/03)



October 10, 2003

Florida Department of State  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee FL 32302-1500

**RE: OSCAR RODRIGUEZ MD PA**  
**DOC NUM: F76036 FORM: 2003 UBR**  
**FEI: 59-2156696**

Dear Sir or Madam:

Enclosed please find our check in the amount of \$150.00 representing the renewal fee for the 2003 Uniform Business Report for the taxpayer captioned above and the application for reinstatement. We are respectfully requesting abatement of the penalty. We did not receive the original report as we have in previous years. We have taken the necessary steps to ensure that this situation does not occur again by updating our current registered agent address on the report and keeping an eye on the mail every year for the report..

Please review your records and abate the penalty as we have made every effort to file and pay the renewal fee on a timely basis. In addition, please send us a letter stating that the matter has been resolved.

Thanking you in advance for your assistance and cooperation in this matter.

Sincerely,

Diego E. Cordova, CPA

Oscar L Rodriguez, MD  
President

DEC/ar