

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F80864

1. Corporation Name

IGNACIO L. FLEITES, M.D., P.A.

Principal Place of Business

Mailing Address

~~8900 CORAL WAY  
SUITE 208  
MIAMI FL 33165  
US~~

~~9791 SW 123 AVE  
MIAMI FL 33186  
US~~

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

2. New Principal Office Address, If Applicable

~~2601 S.W. 37 Ave.~~

Suite, Apt. #, etc.

~~Ste # 804~~

City & State  
~~MIAMI FL.~~

Zip 33133 Country MIAMI-Dade

3. New Mailing Office Address, If Applicable

~~3663 S.W. 8th St.~~

Suite, Apt. #, etc.

~~Suite # 210~~

City & State  
~~MIAMI, FL.~~

Zip 33135 Country MIAMI-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

05/11/1982

SP

5. FEI Number

59-2193567

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	FLEITES, IGNACIO L, M.D.	<del>8900 CORAL WAY SUITE 208</del> <del>2601 S.W. 37 Ave # 804</del>	MIAMI FL 33133
			900003554539--2
			-01/18/01--01102--013
			****750.75 ****750.75

8. Name and Address of Current Registered Agent

DIAZ-BERGNES, GABRIEL, ESQ.  
45 SW 36TH COURT  
MIAMI FL

9. Name and Address of New Registered Agent

Name  
MARCO S. A. GUERRA  
Street Address (P.O. Box Number is Not Acceptable)  
3663 S.W. 8th Street  
Suite, Apt. #, Etc.  
Ste # 210  
City  
MIAMI, FL  
State  
FL  
Zip Code  
33135

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

*Marco A. Guerra*

REGISTERED AGENT MUST SIGN

Date

12/20/00

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:

*Ignacio L. Fleites M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/00

Daytime Phone #

CR2E040 (8/00)