

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 DEC 24 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F80864

1. Corporation Name

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

REINSTATEMENT 06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
2601 SW 37TH AVENUE

3. Mailing Office Address
2601 SW 37TH AVENUE

Suite, Apt. #, etc.
SUITE 705

Suite, Apt. #, etc.
SUITE 705

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33133 USA

Zip Country
33133 USA

4. Date Incorporated or Qualified
To Do Business in Florida 05/11/82

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. Name and Address of Current Registered Agent

Name
IGNACIO L. FLEITES

Street Address (P.O. Box Number is Not Acceptable)
2601 SW 37TH AVENUE

Suite, Apt. #, Etc.
SUITE 705

City
MIAMI

State Zip Code
FL 33133

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Ignacio Fleites M.D.

Date 12/17/07

REGISTERED AGENT MUST SIGN

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
PD	IGNACIO L. FLEITES	2601 SW 37 AVENUE, SUITE 705	MIAMI, FL 33133

200114342202
01/08/08--01023--025 **300.00

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 contained in Chapter 119, 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 Fleites M.D.

IGNACIO L. FLEITES

12/17/07

(305) 442-2552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

xc 12/24