

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F87248

1. Corporation Name

GUIDO G. URIZAR, M.D., P.A.

Principal Place of Business

9299 SW 152 ST #200
MIAMI FL 33157

Mailing Address

9299 SW 152 ST #200
MIAMI FL 33157

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

2. New Principal Office Address, If Applicable

9275 SW 152 ST

Suite, Apt. #, etc.

Suite 103

City & State

miami FL

Zip

33157

Country

USA

3. New Mailing Office Address, If Applicable

9275 SW 152 ST

Suite, Apt. #, etc.

Suite 103

City & State

miami FL

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1982

5. FEI Number

59-2192541

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	URIZAR MD, GUIDO G	9299 S W 152 ST STE 206	MIAMI FL

700008830447
11/06/02--01075--010 **150.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

URIZAR, GUIDO G
9299 SW 152 ST #200
MAIMI FL 33157

new address

9. Name and Address of New Registered Agent

Name

Guido G. Urizar MD

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

9275 SW 152 ST STE 103

Suite, Apt. #, Etc.

Suite 103

City

Miami

State

FL

Zip Code

33157

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

[Handwritten signature]
REGISTERED AGENT MUST SIGN

Date 10/28/02

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:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02

CR2040 (8/02)

GUIDO-G. URIZAR, M.D.
9275 SW 152 STREET SUITE 103
MIAMI, FLORIDA 33157
PHONE: 305-232-0084
FAX: 305-378-4581

10-29-02

Attention: Department of State
Division of State
P.O. Box 6327
Tallahassee, FL 32314
Re: Dr. Guido G. Urizar, M.D., P.A.
Document# F87248

To Whom It May Concern:

I am writing this letter in regards to a letter received on Oct.25,2002 stating that we did not file its 2002 corporation annual report/uniform business report in accordance with Florida Statutes, and our corporation is dissolved or revokes effective Oct.4,2002. The renewal was never sent to us. Our address is listed above and the address that is on this is 9299 S.W. 152 St #200. We have contacted Shawanda at telephone #1-850-245-6059., and she has advised me to send this letter, with \$150.00 to the above address with the corrected information.

Your prompt attention with this matter is greatly appreciated.

Sincerely,


Guido G. Urizar, M.D.