

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JUN 27 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **603275**

1. Corporation Name

MANUEL M. MORLOTE, MD, P.A.

2. Principal Office Address - No P.O. Box #

330 SW 27 AV

Suite, Apt. #, etc.

701

City & State

Miami FL

Zip

33135

Country

US

3. Mailing Office Address

330 SW 27 AV

Suite, Apt. #, etc.

701

City & State

Miami FL

Zip

33135

Country

US

REINSTATEMENT

CR2E081 (12/07)

03-08

4. Date Incorporated or Qualified
To Do Business in Florida

10-05-1982

5. FEI Number

592234479

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

MANUEL M. MORLOTE

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

5223 SW 102 COURT

Suite, Apt. #, Etc.

City

Miami FL 33165

State

FL

Zip Code

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

MANUEL M. MORLOTE, MD

REGISTERED AGENT MUST SIGN

Date

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
P	MANUEL M. MORLOTE	5223 SW 102 COURT	Miami FL 33165

400132467944
07/08/08--01014--026 **900.00

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:

MANUEL M. MORLOTE, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REC'D JUN 27 2008