

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

DOCUMENT # **G34699**

1. Corporation Name

**ANTONIO R. BARQUET, M. D., P. A.**

Principal Place of Business

% ANTONIO RENE BARQUET, M.D.  
1790 W. 49TH STREET #312  
HIALEAH FL 33012

Mailing Address

% ANTONIO RENE BARQUET, M.D.  
1790 W. 49TH STREET #312  
HIALEAH FL 33012

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**  
00 NOV -3 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**REINSTATEMENT**

*(Handwritten mark)*

4. Date Incorporated or Qualified To Do Business in Florida

04/11/1983

5. FEI Number

59-2303337

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	BARQUET, ANTONIO RENE	1790 W. 49TH ST. 312	HIALEAH FL

300003473443--2  
-11/21/00--01110--005  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

BARQUET, ANTONIO RENE, M.D.  
1790 W. 49TH STREET  
#312  
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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

*(Signature)*  
**SIGNATURE REQUIRED**

Date 10/16/00.

REGISTERED AGENT MUST SIGN

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.

**KE**

SIGNATURE:

*(Signature)*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/00. 305

5567481.

CR2E040 (8/00)