

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H12632**

1. Corporation Name

**FAMILY DOCTORS MEDICAL CENTER INC.**

Principal Place of Business

Mailing Address

7856 N.W. 178TH STREET  
MIAMI FL 33015

7856 N.W. 178TH STREET  
MIAMI FL 33015

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/18/1984

5. FEI Number

59-2426548

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
PSTD	HUNOZ-DIAZ, JULIAN C	7856 NW 178 ST	MIAMI FL 33015

200027113542  
01/18/04 01063 005 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUNOZ-DIAZ, JULIAN C  
13134 NW 11 ST  
PEMBROKE PINES FL 33028

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-20-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Julian C. Muñoz - P.*

*10/20/03 (305) 335-558-7200*

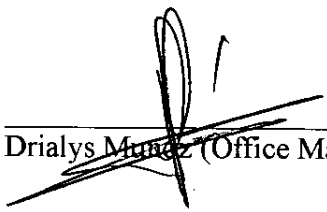
To: Florida Dept. of State

From: Family Doctors Medical Center

Ref: 2003 Uniform Business Report

I am writing this letter to inform all concerned about the situation with my corporation. Family Doctors has been an active corporation in the state of Florida for eighteen years and have never had a problem with paying our yearly fees on time. The revocation notice was the first paper we have received from your department all year. No prior 1<sup>st</sup> or 2<sup>nd</sup> notices have been received. If they would have arrived in our office, they would have quickly been paid. Please take our situation and past history into consideration and allow us to reinstate the corporation.

Thank Your Prompt Attention,



Drialys Munoz (Office Manager)/Julian C Munoz MDPA