

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
9/8/98

98 SEP - 8 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H12810**

1. Corporation Name

JOSEPH BECERRA, M.D., P.A.

Principal Place of Business

601 N. FLAMINGO RD.
SUITE 402
PEMBROKE PINES FL 33028

Mailing Address

100 NW 170 STREET
SUITE 303
N. MIAMI BEACH FL 33169
US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 97-98

4. Date Incorporated or Qualified To Do Business In Florida

07/17/1984

5. FEI Number

59-2428180

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDVT	BECERRA, JOSEPH, MD	100 NW 170 STR, STE 303	NO MIAMI BCH FL
			100002639131-7 -09/15/98-01006-012 ***\$100.00 ***\$100.00
			98-9-98

8. Name and Address of Current Registered Agent

BECERRA, MARIA E
100 NW 170 STREET
SUITE 303
NORTH MIAMI BEACH FL 33069

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

Maria E Becerra
REGISTERED AGENT MUST SIGN

Date 9-2-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on Intangible tax.)

12. 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

Joseph Becerra, President
JOSEPH BECERRA

Date

8/18/98 (305) 653-6100

Daytime Phone #

CR2E940 (8/97)