

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
Dec 18, 2000 8:00 A.M.
Secretary of State

DOCUMENT # **J05715**

1. Corporation Name

JOSE A. PAGAN, M.D., P.A.

Principal Place of Business

Mailing Address

% JOSE A. PAGAN
2595 SR 584, SUITE G
PALM HARBOR FL 34684-3131

% JOSE A. PAGAN
2595 SR 584, SUITE G
PALM HARBOR FL 34684-3131



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2649333

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	PAGAN, JOSE A. M.D.	2595 SR 584 SUITE G	PALM HARBOR FL 34684

900003514619-1
-12/27/00--01070--016
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAGAN, JOSE A.
2595 S.R. 584
SUITE G
PALM HARBOR FL 34684

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

Jose A. Pagan
REGISTERED AGENT MUST SIGN

Date **12/11/00**

CR2ED40 (800)

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

Jose A. Pagan, M.D.

Date

12/11/00

Daytime Phone #

2

BROTHWELL & COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

5318 LINDNER PLACE
NEW PORT RICHEY, FL 34652

PASCO: (727) 846-1505
PINELLAS: (727) 787-6488

December 13, 2000

Department of State
Division of Corporations
PO Box-6327--
Tallahassee, Florida 32314

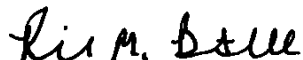
RE: Jose A. Pagan, M.D., P.A.
Document #J05715
Application for Reinstatement

To Whom It May Concern:

The above referenced corporation received the enclosed Application for Reinstatement, however, they did not receive the original Uniform Business Report to be paid by May 1, 2000. I have worked with this client for over fifteen years and the office manager has never failed to file a government form or, if she had any questions, forward the form to our office. I truly believe that there was a mix up in the delivery of the initial annual report, therefore, I am asking you to accept this report as timely filed. Enclosed is a check for \$150.00, the amount due originally.

Thank you for your attention to this matter. If you have any further questions, please do not hesitate to contact me.

Sincerely,



Richard M. Brothwell
Certified Public Accountant

