


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # J42941

00 OCT 23 AM 10:46

1. Corporation Name

FERNANDO A. RODRIGUEZ, M.D., P.A.

Principal Place of Business

Mailing Address

6101 WEBB ROAD
 SUITE 311
 TAMPA FL 33615

6101 WEBB ROAD
 SUITE 311
 TAMPA FL 33615



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

11/17/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2739099

Applied For
 Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

Zip

Country

Zip

Country

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
PTSD	RODRIGUEZ, FERNANDO A MD	6101 WEBB ROAD, SUITE 311	TAMPA FL 33615
			300003457953--5 -11/09/00--01011--008 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, FERNANDO A MD
 6101 WEBB ROAD
 SUITE 311
 TAMPA FL 33615

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 REQUIRED
 REGISTERED AGENT MUST SIGN

Date

10/19/00

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 #

10/19/00

(2)

FERNANDO A. RODRIGUEZ, M.D.
NEPHROLOGY

10/20/00

Division Of Corporation
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

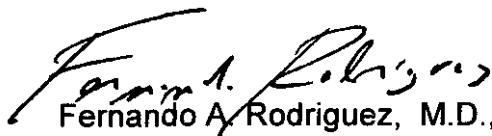
**RE: NOTICE OF ADMINISTRATION DISSOLUTION OF REVOCATION
FERNANDO A. RODRIGUEZ, M.D., P.A.**

Dear Sirs:

This letter is in regards the reinstatement application. I have spoke with Karen at your office and explained to her that we have never received our notice of annual fees due for the year 2000. I feel is unfair to pay the reinstatement fee of \$600.00. If you would check my history of payment, you would see that I have always paid my dues in full in a timely manner.

All efforts on your part to resolve this problem would be appreciated. Attached you will find the \$150.00 for the Annual report Fee and Corporate Supplemental Fee

Sincerely,


Fernando A. Rodriguez, M.D., P.A.
FAR/jl