

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 MAR 19 AM 11:24

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # J45412

ROLANDO SANCHEZ-MEDINA, M.D., INC.  
10220 S.W. 88th Street  
Miami, Florida 33176

REINSTATEMENT

2. If Address in Block 1 is incorrect, enter correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified  
To Do Business in Florida  
12/2/86

5. FEI Number

59-2809753

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required  
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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
P/D	Rolando Sanchez-Medina	10220 S.W. 88th Street	Miami, FL 33176
S	Gisela Sanchez-Medina	10220 S.W. 88th Street	Miami, FL 33176

8000002464108--8  
-03/20/98--01115--020  
\*\*\*\*300.00 \*\*\*\*900.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Roland J. Sanchez-Medina  
10220 S.W. 88th Avenue  
Miami, FL 33176

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

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

*Rolando Sanchez-Medina*

REGISTERED AGENT MUST SIGN

Date Mar 12, 1998

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of  
Officer or Director

*Rolando Sanchez-Medina*

Date Mar 12, 1998

Daytime Phone #

(305) 649-2138

Rolando Sanchez-Medina, President

CR2040 (8/92)