

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 13 PH 3: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J50692

1. Corporation Name

Hector P. Gonzalez, PhD, PA

2. Principal Office Address - No P.O. Box #

8600 SW 92 St. #106

Suite, Apt. #, etc.

Suite 106

City & State

Miami, Florida

Zip

33156

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

54-2755301

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Hector P. Gonzalez

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

8600 SW 92 Street

Suite, Apt. #, Etc.

Suite 106

City

Miami

State

FL

Zip Code

33156

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ana M Gonzalez
REGISTERED AGENT MUST SIGN

Date 9/10/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Hector P. Gonzalez, PhD	8600 SW 92 Street	Suite 106 Miami, FL 33156
			100109407071 09/14/07--01024--004 **\$600.00
			04/15/03 01010 018 150.00
			100109407071 09/12/07--01063 004 **\$600.00
			04/15/03 01010 017 750.00

10. 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 contained in Chapter 119, 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.

Hector P. Gonzalez

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/07 (305) 274-7053

Date

Daytime Phone #