

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

00 AUG 23 PM 1:08

DOCUMENT # **J78249**

1. Corporation Name

JORGE A. HERRERA, PH.D., P.A.

Principal Place of Business

Mailing Address

% JORGE A. HERRERA
 238 PALERMO
 CORAL GABLES FL 33134
 US

% JORGE A. HERRERA
 238 PALERMO
 CORAL GABLES FL 33134
 US

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



REINSTATEMENT 99.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/15/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2843125

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip Country
FL 33134 USA

Zip Country
33114-2064 USA

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
D	HERRERA, JORGE A.	238 PALERMO as above	CORAL GABLES FL 33134
D	HERRERA, NORA D.	238 PALERMO as above	CORAL GABLES FL 33134
			200003372412--9 -08/24/00--01090--038 ****900.00 ****900.00
			8/9/23

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERRERA, JORGE A.
~~238 PALERMO~~
 CORAL GABLES FL 33134

as above

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

SIGNATURE REQUIRED

Date

8/9/00

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/00
 Date

(305) 445-3222
 Daytime Phone #

CR2E040 (8/99)