


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

04 JAN -2 AM 10:04

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **J78249**

1. Corporation Name

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

Principal Place of Business

Mailing Address

555 BILTMORE WAY  
 SUITE 201  
 CORAL GABLES FL 33134  
 US

P.O. BOX 14-2064  
 CORAL GABLES FL 33114-2064

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



**REINSTATEMENT** 07

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

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

Zip **33143** Country **USA** Zip **33114-2064** Country **USA**

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
D	HERRERA, JORGE A	555 BILTMORE WAY, SUITE 201 <i>see above</i>	CORAL GABLES FL 33134
D	HERRERA, NORA D	2801 PONCE DE LEON	CORAL GABLES FL 33134
			200025939502 01/02/04--01053--015 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HERRERA, JORGE A  
 555 BILTMORE WAY  
 SUITE 201  
 CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1378 Coral Way**

Suite, Apt. #, Etc.  
**Suite 500**

City **Miami** State **FL** Zip Code **33143**

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. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE** *(Signature)*

Date **12/31/03**

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** *(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/31/03**  
 Date

**(305) 445-3222**  
 Daytime Phone #

CR2E040 (7/03)