

11-11-68

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # J94487

Alfredo Fernandez, M.D., P.A.

REINSTATEMENT

94-07

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip

Country

5-FEL Number
59-2853974

Applied For
Not Applicable

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

Name
Jose Valiente

Street Address (P.O. Box Number is Not Acceptable)
1715 N. Westshore Blvd.

Suite, Apt. # Etc.
Suite 950City
Tampa

State	Zip Code
FL	33607

☐ 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.

Signature of
Registered Agent

Date 4/26/07

REGISTERED AGENT MUST SIGN

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Alfredo Fernandez	6101 Webb Rd. Suite 101	Tampa, FL 33615
			400104888784 06/26/07--01049--013 **2408.75
			400104888784 06/26/07--01049--014 **150.00
			400104888784 06/26/07--01049--015 **150.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

813-933-3943

Daytime Phone #

7/6/20