

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 18 AM 7:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J94487

1. Corporation Name

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

REINSTATEMENT

94-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
6101 Webb Rd

3. Mailing Office Address
Same

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State

Zip
33615

Country
Hillsborough

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 10/1/87

5. FEL Number
59-2853974

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
Jose Valiente

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

Suite, Apt. #, Etc.
Suite 950

City
Tampa

State FL Zip Code 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.

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

Jose Valiente
REGISTERED AGENT MUST SIGN

Date 4/26/07

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	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

Alfredo Fernandez

Date

4/26/07

813-933-3943

Daytime Phone #

7/6/20