

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 25 AM 9: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K25823**

1. Corporation Name

MERCEDES M. DE CUBAS PH.D., P.A.

Principal Place of Business

Mailing Address

% RAUL E. DE CUBAS
6262 SUNSET DRIVE, SUITE #308
MIAMI FL 33143

% RAUL E. DE CUBAS
6262 SUNSET DRIVE, SUITE #308
MIAMI FL 33143



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

REINSTATEMENT

2. New Principal Office Address, If Applicable

~~7211 S.W. 62nd Avenue~~

Suite, Apt. #, etc.
Ste # 205

City & State
So. Miami, Florida

Zip
33143

3. New Mailing Office Address, If Applicable

~~7211 S.W. 62nd Avenue~~

Suite, Apt. #, etc.
Suite 205

City & State
So. Miami, Florida

Zip
33143

4. Date Incorporated or Qualified To Do Business In Florida

08/08/1988

5. FEI Number

65-0058401

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	DE CUBAS, MERCEDES M.	6262 SUNSET DR., #308 7211 S.W. 62nd Ave., # 205	MIAMI FL 33143
			000002016600--5 -12/02/96--01007--023 \$375.00 \$375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE CUBAS, RAUL E.
~~6262 SUNSET DRIVE~~
SUITE #308, ADVANCE TOWER
MIAMI FL 33143

Name

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

7211 S.W. 62nd AVE.

Suite, Apt. #, Etc.

SUITE 205

City
So. Miami

State
FL

Zip
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.

Signature of Registered Agent

Raul E. De Cubas
REGISTERED AGENT MUST SIGN

Date 11/21/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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)(f), 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: *Mercedes M. De Cubas*
REGISTERED AGENT MUST SIGN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/96 (305) 662-5822
Date Daytime Phone #

CREDAK (7/95)