

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 SEP 11 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K34066

1. Corporation Name

ORLANDO OB-GYN Associates, P.A.

2. Principal Office Address

1582 Curry Ford RD.

Suite, Apt. #, etc.

3. Mailing Office Address

1038 WALD RD.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32812

Country

USA

Zip

32806

Country

USA

REINSTATEMENT

97-00

4. Date Incorporated or Qualified
To Do Business in Florida

9-27-88

5. FEI Number

59-2907564

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 Gutierrez - GALATAS

300003398403-7

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

1038 WALD RD.

09/19/00 01060 004

***1200.00 ***1200.00

Suite, Apt. #, Etc.

City

ORLANDO, FL

State

FL

Zip Code

32806

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date X 9-1-00

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
P, S, T	Jose Gutierrez - Galatas	1038 WALD RD.	ORLANDO, FL 32806

KE

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 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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Gutierrez - Galatas

9-1-00

Date

X (407) 352-0573

Daytime Phone #

CR2E081 (9/99)