

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 SEP 28 PM 3:23
SEC. TALLER
LDA

DOCUMENT # **K34066**

1. Corporation Name

Orlando Ob Gyn Associates, P.A.

Handwritten signature

2. Principal Office Address
6001 Vineland Rd

3. Mailing Office Address
1038 Wald Rd

REINSTATEMENT 01-06
CR2E081 (12/05)

Suite, Apt. #, etc.
suite 101

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 9-26-88

City & State
Orlando Florida

City & State
Orlando Florida

5. FEI Number
59-2907564

Applied For
Not Applicable

Zip
32819

Country
USA

Zip
32806

Country
USA

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

Street Address (P.O. Box Number is Not Acceptable)
1038 Wald Rd

700080275527
09/29/06--01/05--029 **1508.75

Suite, Apt. #, Etc.

City
Orlando

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

Handwritten signature of Jose Gutierrez-Galatas

Date 9-27-06

REGISTERED AGENT MUST SIGN

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 |
|-----------|--------------------------------------|---|-----------------------|
| President | Jose Gutierrez-Galatas | 1038 Wald Rd | Orlando Florida 32806 |
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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:

Handwritten signature of Jose Gutierrez-Galatas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-06 (407) 352-0573

Date

Daytime Phone #