

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 NOV 26 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K50685

1. Corporation Name

AUGUSTO M. ENRIQUEZ, M.D., P.A.

2. Principal Office Address - No P.O. Box #
2695 LE JEUNE RD

3. Mailing Office Address
2695 LE JEUNE RD

Suite, Apt. #, etc.
STE 201

Suite, Apt. #, etc.
STE 201

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

Zip
33134

Country
USA

Zip
33134

Country
USA

REINSTATEMENT 99-07

4. Date Incorporated or Qualified To Do Business in Florida 12/12/1988

5. FEI Number
65-0182283

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
AUGUSTO M. ENRIQUEZ

Street Address (P.O. Box Number is Not Acceptable)
2695 LE JEUNE RD


Suite, Apt. #, Etc.
STE 201

City
CORAL GABLES

State Zip Code
FL 33134

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 *X* 

Date 11/20/2007

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 |
|--------|-----------------------------------|--|--------------------|
| PD | AUGUSTO M. ENRIQUEZ | 1440 BICKELL BAY DR, APT 3 | MIAMI, FL 33131 |
| | | | |
| | | | |
| | | | |
| | | | |

700112575687
11/26/07--01046--001 **1950.00

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: *X* 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/2007

Date

(305) 441-9120

Daytime Phone #

11/28/07