

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 29 AM 8:01

DOCUMENT # K62924

1. Corporation Name

LUZ E. RODRIGUEZ, M.D., P.A.

Principal Place of Business

Mailing Address

4305 E 8TH AVE. STE E
HIALEAH FL 330134305 E 8TH AVE. STE E
HIALEAH FL 33013

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1989

5. FEI Number

59-2928831

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RODRIGUEZ, LUZ E.	4305 EAST 8TH AVE #E	HIALEAH FL

600008644256
10/29/02--01036--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODRIGUEZ, LUZ E.
4305 EAST 8TH AVENUE
SUITE E
HIALEAH FL 33013-9485

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jack Taraboulos

Accountant

11420 SW 109 Road ! Miami, Florida 33176 ! (305) 271-4360

October 24, 2002


Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Luz E. Rodriguez
FEI: 59-2928831
Document# K62924

The above Corporation is a Doctor's office that is located in Hialeah. In many instances the mail is delivered to the next-door neighbor who shares the same last name. As a result the client did not receive the corporate annual renewal to file on a timely basis. The client was not aware that the Corporate Annual Report was not filed until she received the second notice.

We are filling the renewal at this time and respectfully request an abatement of the late filing fees.

Sincerely yours,


Jack Taraboulos
Accountant

LOUISIANA
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/2/07 BY 60322

10/2/07
10/2/07