


MAY. 11. 2007 2:43PM C S C

NO. 895

*Page 1 of 2*

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**FILED**  
**May 11, 2007 8:00 A.M.**  
**Secretary of State**


<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # K65878</b>			
1. Corporation Name <b>CARLOS M. MARILL M.D. P.A.</b>			
2. Principal Office Address <b>5975 SUNSET DRIVE</b>		3. Mailing Office Address <b>5975 SUNSET DRIVE</b>	
Suite, Apt. #, etc. <b>SUITE 802</b>		Suite, Apt. #, etc. <b>SUITE 802</b>	
City & State <b>S. MIAMI</b>		City & State <b>S. MIAMI</b>	
Zip <b>33143</b>	Country <b>US</b>	Zip <b>33143</b>	Country <b>US</b>

OR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida <b>2/15/1989</b>	
5. FSL Number <b>650099335</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <b>CARLOS M. MARILL, M.D.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5975 SUNSET DRIVE</b>	
Suite, Apt. #, etc. <b>SUITE 802</b>	
City <b>S MIAMI</b>	State <b>FL</b>
Zip Code <b>33143</b>	

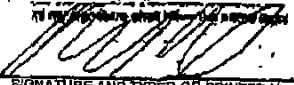
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date <b>5/9/07</b>			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CARLOS MARILL M.D.	5975 SUNSET DRIVE #802	S MIAMI, FL 33143

**REINSTATEMENT**

**5/11/07**  
**03-01**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>CARLOS M. MARILL, M.D.</b>	Date <b>5/8/07</b> Filing Number <b>(305) 912-9328</b>
--	---

**H07000128360 3**

MAY. 11. 2007 2:42PM

C S C

NO. 895

P.

*payor*

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000128360 3)))



H070001283603ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)205-0384

*Allen give file date 5-9-07*

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

*Rejacking*

**RESUBMIT**

Please give original  
mission date as file date.

CORPORATION REINSTATEMENT

CARLOS M. MARILL, M.D. P.A.

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$1,350.00

*Susan ex 2956*

Electronic Filing Menu

Corporate Filing Menu

Help