
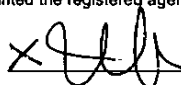
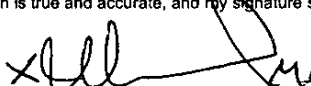


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K91328			
1. Corporation Name J R Arauz, M.D., P.A.			
2. Principal Office Address - No P.O. Box # 5438 Trouble Creek Rd		3. Mailing Office Address P O Box 1269	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -	
City & State New Port Richey FL		City & State New Port Richey FL	
Zip 34652	Country US	Zip 34656	Country US
4. Date Incorporated or Qualified To Do Business in Florida 5/26/1989			
5. FEI Number 59-2953466		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
<input checked="" type="checkbox"/> 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.			
7. Name and Address of Current Registered Agent			
Name Juan R Arauz			
Street Address (P.O. Box Number is Not Acceptable) 5438 Trouble Creek Rd			
Suite, Apt. #, Etc. -			
City New Port Richey		State FL	Zip Code 34652
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 9/25/07	
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
DP	Juan R Arauz	6408 112th Ave	Temple Terrace FL 33617
VP	Elizabeth Arauz	6408 112th Ave	Temple Terrace FL 33617
100110052371 09/28/07--01022--013 **\$8.75			
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: 		owner/President of Corp.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 9/25/07	Daytime Phone # 727-846-9163