

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K97013

1. Corporation Name

ALEJANDRO F. NAVARRO MD., PA.

Principal Place of Business

9100 CORAL WAY, SUITE 1  
MIAMI FL 33165

Mailing Address

P.O. BOX 565670  
MIAMI FL 33256

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

2. New Principal Office Address, If Applicable

9100 CORAL WAY

Suite, Apt. #, etc.

SUITE #1

City & State MIAMI, FLORIDA

Zip 33165

Country U.S.A.

3. New Mailing Office Address, If Applicable

P.O. BOX 565670

Suite, Apt. #, etc.

City & State MIAMI, FLORIDA

Zip 33256

Country U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/21/1989

5. FEI Number

65-0126872

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	NAVARRO, ALEJANDRO F	9100 CORAL WAY, SUITE 1	MIAMI FL 33165
			200004733132--5 -12/19/01--01057--018 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

NAVARRO, ALEJANDRO F  
9100 CORAL WAY, SUITE 1  
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-15-2001

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 #

ALEJANDRO F. NAVARRO M.D. (305) 223-2424

FILED

01 DEC -6 PM 5:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR20040 (8/01)