


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR -8 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # **L11871**

1. Corporation Name
Pedro Moscoso, MD, P.A.

2. Principal Office Address
3108 NE 22 ST

3. Mailing Office Address
3108 NE 22 ST

Suite, Apt. #, etc.

City & State
Fort Lauderdale FL

City & State
Fort Lauderdale FL

Zip Country Zip Country
33305 USA 33305 USA

4. Date Incorporated or Qualified To Do Business in Florida
8/28/89

5. FEI Number
59296425

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

7. Name and Address of Current Registered Agent

Name
Pedro Moscoso

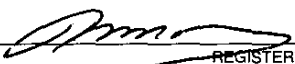
Street Address (P.O. Box Number is Not Acceptable)
3108 NE 22 ST

Suite, Apt. #, Etc.

City
Fort Lauderdale

State Zip Code
FL 33305

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 **3/5/02**

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
RST	Pedro Moscoso	3108 NE 22 ST	Ft Lauderdale, FL 33305
D	Pedro Moscoso	3108 NE 22 ST	Ft Lauderdale FL 33305

REINSTATEMENT 01-02

1178

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 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:  **Pedro Moscoso** Date **3/5/02** Daytime Phone # **(954) 5674808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)