

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 21 PM 12:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L 41948**

Corporation Name **Rosendo V de Posada Medical Office, Corp**
70 Rosendo Valdes de Posada MA

Principal Place of Business
615 SW 5th Ave
Miami FL 33144-3970

REINSTATEMENT 929/60

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

2. New Principal Office Address, if Applicable	3. New Mailing Address, if Applicable
State, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida **1/8/90**

5. FEI Number **65-0176474**

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
	P/Ch De Posada, Rosendo V	9620 SW 58 ST	Miami, FL
	S/D De Posada Iliana Valdes	9620 SW 58 ST	Miami, FL

~~288802012792-2~~
-11/22/96-01090-006
***1175.00 ***1175.00

8. Name and Address of Current Registered Agent

Rosendo V De Posada
9620 SW 58 ST
Miami FL 33195

9. Name and Address of New Registered Agent

Name _____

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

State, 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

D. J. Jones

REGISTERED AGENT MUST SIGN

Date **11/20/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that when this reinstatement application has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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:

D. J. Jones President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/96

Date **305-362-1031**