

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 49382

1. Corporation Name

RAUL CARDENAS, M.D., P.A.

2. Principal Office Address - No P.O. Box #

8358 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

202-L

City & State

SUNRISE FL

Zip

33351

Country

US

3. Mailing Office Address

13941 OAK RIDGE DRIVE

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33325-3002

Country

US

7. Name and Address of Current Registered Agent

Name

HAYDEE CEBALLOS, CPA

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

354 SEVILLA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

Haydee Ceballos
REGISTERED AGENT MUST SIGN

Date

3/30/07

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
P	CARDENAS, RAUL	13941 OAK RIDGE DRIVE	DAVIE, FL 33325
S	CARDENAS, BERTA	13941 OAK RIDGE DRIVE	DAVIE, FL 33325

REINSTATEMENT

01-07
4/5/07

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: ✓

Raul Cardenas

RAUL CARDENAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

4/5/07

Daytime Phone #

(954) 474-5248

FILED

2007 APR -7 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500098010565

04/23/07--01038--010 **1058.75
CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

02-06-90

5. FEI Number

65-0176766

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.