

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT -3 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 63414

1. Corporation Name PULMONARY PARTNERS OF  
MIAMI, INC

500136609409

10/03/08--01045--003 \*\*150.00

09/23/08 01003 007 \$2100.00

REINSTATEMENT 98-08

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

1435 W. 49th

Suite, Apt. #, etc.

SUITE 207

City & State

HIWALEAH, FL

Zip

33012

Country

USA

3. Mailing Office Address

1435 W. 49th

Suite, Apt. #, etc.

SUITE 207

City & State

HIWALEAH, FL

Zip

33012

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4-9-1990

5. FEI Number

59-2757870

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JOHN T. CULLER

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

12401 ORANGE DRIVE

Suite, Apt. #, Etc.

SUITE 127

City

DAVIE

State

FL

Zip Code

33330

☐ 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.

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

John Culler CDA  
REGISTERED AGENT MUST SIGN

Date 9-29-08

**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
<u>PRES</u>	<u>MANUEL SUAREZ</u>	<u>1435 W. 49th #207</u>	<u>HIWALEAH, FL 33012</u>

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:

John Culler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-08  
Date

305-213-3590  
Daytime Phone #

*Manuel Suarez, MD, PA*

Board Certified Internal Medicine, Pulmonary Diseases, Critical Care and Anti-Aging Medicine

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314


Ref: FEI #: 59-2751870

To Whom It May Concern:

I had previously sent a check # 1439 in the amount of \$2100.00 to reinstate the corporation named Pulmonary Partners of Miami, Inc. The money was applied to Manuel Suarez, MD, PA and a \$150.00 debt was still owed. At this time I would like the \$2100.00 from check 1439 applied to Pulmonary Partners of Miami, Inc. in addition to the enclosed check # 1450 for \$150.00. I have enclosed copies of all of the corresponding documentation.

If you have any further questions please do not hesitate to contact me at 305-213-3591.

Thanking you in advance,



Manuel Suarez, MD