


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 27 AM 8:47

DOCUMENT # **L 64112**

1. Corporation Name
MIRIAM GARCIA PORTELA MD PA
330 SW 27 Ave STE 509
MIAMI FL 33135 WID-40643

2. Principal Office Address - No P.O. Box #
330 SW 27 Ave

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
509

City & State
MIAMI FL

Zip
33135 Country
Dade

~~000185000439~~
09/27/10--01061--011 **300.00

REINSTATEMENT 08-10
CR2E081 (4/10)

KS

7. Name and Address of Current Registered Agent

Name
MIRIAM GARCIA PORTELA MD

Street Address (P.O. Box Number is Not Acceptable)
330 SW 27 Ave

Suite, Apt. #, Etc.
509

City
MIAMI FL State
FL Zip Code
33135

4. Date Incorporated or Qualified To Do Business in Florida
04/06/90


5. FEI Number
65-0182202 Applied For
Not Applicable

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

PROFIT CORPORATIONS ONLY

The \$600.00 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  Date **8/23/10**

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
P	MIRIAM GARCIA PORTELA	2555 COLLINS AVE Apt 2106	MIAMI BEACH FL 33140

~~200184786752~~
08/27/10--01054--006 **750.00

10. E-mail Address: _____
(To be used for future annual report notification)

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. I further certify, 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:  Date **8/23/10**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #