

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **L84613**

1. Corporation Name

LILLIAM SANABRIA, M.D., P.A.

Principal Place of Business

Mailing Address

8955 SW 87 CT.
SUITE 210
MIAMI FL 33176
US

8955 SW 87 CT.
SUITE 210
MIAMI FL 33176
US

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
04 JAN 14 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1990

5. FEI Number

65-0200580

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
PD	SANABRIA, LILLIAM	8955 SW 87 CT STE 210 11440 N KENDALL DR STE 212	MIAMI FL 33176
ST	SANABRIA, LILLIAM	8955 SW 87 CT STE 210 11440 N KENDALL DR STE 212	MIAMI FL 33176

300026971723

01/14/04--01068--001 **1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANABRIA, LILLIAM
8955 SW 87 CT
SUITE 210
MIAMI FL 33176

Name

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

Suite, 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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1-12-4

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-4

305-279 8128

CR2E040 (7/03)