


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1998 MAR 24 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # MO3120

1. Corporation Name  
FRANCISCO L. PADRON, M.D., P.A.

Principal Place of Business Mailing Address

2900 Palm Avenue  
Hialeah, Florida 33012 SAME

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

2. New Principal Office Address, If Applicable 2900 Palm Avenue Suite, Apt. #, etc. Hialeah, Florida 33012	3. New Mailing Office Address, If Applicable SAME Suite, Apt. #, etc. City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 7/25/84	
5. FEI Number 59-2428702	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Francisco L. Padron, M.D.	7272 SW 21st Street Miami, Florida 33155	Miami, Florida 33155
			500002469835--4 -03/26/98--01107--012 ****908.75 ****908.75
			REINSTATEMENT 97-98 3/24/98

8. Name and Address of Current Registered Agent

Francisco L. Padron, M.D.  
7275 SW 21st Street  
Miami, Florida 33155

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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 \_\_\_\_\_ Date 1/19/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: \_\_\_\_\_ Date 1/19/98 (305)-885-8511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Francisco L. Padron, M.D.

Date Daytime Phone #

CR2E040 (1/98)