

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

08 JAN 15 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M11086

**1. Corporation Name**

PA Luis Bernardo Eiber, DPM, PA.

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

7150 W 20 Ave

Suite, Apt. #, etc.

#110

City & State

Hialeah, FL

Zip

33016

Country

USA

**3. Mailing Office Address**

7150 W 20 Ave

Suite, Apt. #, etc.

#110

City & State

Hialeah, FL

Zip

33016

Country

USA

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

Name

Luis Bernardo Eiber

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

7150 W 20 Ave

Suite, Apt. #, Etc.

#110

City

Hialeah

State

FL

Zip Code

33016

**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

REGISTERED AGENT MUST SIGN

Date

**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
1	Luis Bernardo Eiber	7150 W 20 Ave #110	Hialeah, FL 33016

200115193682  
01/15/08--01032--015 \*\*1500.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis B Eiber

01-14-08

(305) 558-

Date

Daytime Phone #

7437

JOY  
1-03-08

REINSTATEMENT 03-08

**4. Date Incorporated or Qualified To Do Business in Florida** 2/15/1985

**5. FEI Number**

592491406

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status