

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 21 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M29527

1. Corporation Name

FRANCISCO ARAMENDIA AND EUGENIA LEGORBURU, M.D.  
, P.A.

Principal Place of Business

Mailing Address

1850 SW 8 ST  
STE 210  
MIAMI FL 33145  
US

1850 SW 8 ST  
STE 210  
MIAMI FL 33145  
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



REINSTATEMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/26/1986

5. FEI Number

59-2654867

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	ARAMENDIA, FRANCISCO	1330 CORAL WAY #205	MIAMI FL
STD	LEGORBURU, EUGENIA	1330 CORAL WAY #205	MIAMI FL

8000002724318--9  
-12/29/98-01016--005  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARAMENDIA, FRANCISCO  
1330 CORAL WAY #201  
SUITE 205  
MIAMI FL 33145

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.

Signature of  
Registered Agent

~~SIGNATURE REQUIRED~~

Date

12/15/98

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:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/15/98 (305) 644-1700