

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 10 AM 10:59

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **33135** Country

Zip **33135** Country

4. Date incorporated or Qualified
To Do Business in Florida

03/26/1996

5. FEI Number

59-2654867

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	ARAMENDIA, FRANCISCO	1330 CORAL WAY #205 1850 SW 8 ST, SUITE 210	MIAMI FL 33135
STD	LEGORBURU, EUGENIA	1330 CORAL WAY #205 1850 SW 8 ST, SUITE 210	MIAMI FL 33135

REINSTATEMENT 99 11 TS

900003076639--9
-12/21/99--01060--006
***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 #205
SUITE 205-
MIAMI FL 33145-

Name

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

1850 SW 8 ST, SUITE 210

Suite, Apt. #, Etc.

City Miami

State

Zip Code

FL

33135

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

REGISTERED AGENT MUST SIGN

Date **12/3/99**

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 #