

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



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

FILED

01 JAN 18 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M37185

1. Corporation Name **Jaime L. GAITAN, M.D., P.A.**
10326 W. Flagler Street
MIAMI, FL 33174

W0000003078

2. Principal Office Address
10326 W. Flagler Street

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL

Zip

33174

Country

USA

3. Mailing Office Address

10326 W. Flagler Street

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL

Zip

33174

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/86

5. FEI Number

59-2734500

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jaime L. GAITAN

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

10326 W. Flagler Street

Suite, Apt. #, Etc.

N/A

City

MIAMI

State
FL

Zip Code

33174

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 12/18/00

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
Pres	Jaime L. GAITAN	10326 W. Flagler	MIAMI, FL 33174
			94-01

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 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:

JAIME L. GAITAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/00

Date

305 227 6008

Daytime Phone #

CR2E081 (9/99)

December 18, 2000

**Mrs. Katherine Harris, Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314**

Dear Sirs:

RE: Annual Report

We were not receiving the Annual Report and we found out when our accountant was looking for some information in the internet and noticed that our corporation was inactive. He asked us about it and we told him that we did not know anything about this report. Our accountant made some additional research and found out that the address was wrong. We never moved and there was no reason to have the address wrong.

We called the Division of Corporations and were advised over the phone to pay \$ 1,050.00 and request that the \$ 600 reinstatement fee be waived.

We will appreciate your assistance to this matter and are sorry that this happened

Very truly yours,


**Jaime L. Gaitan, MD., PA.
10326 W. Flagler Street
Miami, FL 33174**

Cc: File