

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

02 FEB 25 PM 1:01

DOCUMENT # M42119

1. Corporation Name

Luis R. Pagan, M.D., P.A.

2. Principal Office Address

1295 NW 14th Street

Suite, Apt. #, etc.

E

City & State

Miami, Florida

Zip

33125

Country

USA

3. Mailing Office Address

1295 NW 14th Street

Suite, Apt. #, etc.

E

City & State

Miami, Florida

Zip

33125

Country

USA

REINSTATEMENT 94-02

4. Date Incorporated or Qualified

To Do Business in Florida - 1-1/21-1986

5. FEI Number

59-2767873

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

Gilbert C. Betz

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

2025 SW 32nd Avenue

Suite, Apt. #, Etc.

Suite 120

City

Miami

State

FL

Zip Code

33145

600005044536

-03/06/02--01005--014

***1950.00 ***1950.00

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 22 Feb 2002

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
PD	Pagan, Luis R., M.D.	1625 S. Bayshore Drive	Coconut Grove, FL 33133

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 Feb 2002

Date

(305) 324-6116

Daytime Phone #

CR2E081 (9/01)