

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 23 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M44417

1. Corporation Name

FELIX J. GONZALEZ, M.D., P.A.

Principal Place of Business

Mailing Address

9100 CORAL WAY
SUITE 1
MIAMI FL 33165
US

P.O. BOX 654853
MIAMI FL 33165
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

P.O. BOX 558127

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Miami, FL.

City & State

City & State
33165

Zip

Country

Zip

Country



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business In Florida

01/07/1987

5. FEI Number

59-2751388

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	GONZALEZ, FELIX J.	4304 ALHAMBRA CIR.	CORAL GABLES FL
			400002705744--3 -12/08/98--01024--015 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, FELIX J.
4304 ALHAMBRA CIR.
CORAL GABLES FL 33165

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 11-17-98

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)(l), 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: *[Handwritten Signature]* **FELIX J. GONZALEZ, M.D.** - 11-17-98 (305) 223-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (9805)