

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # **ML00389**
 1. Corporation Name
Luis G. Martinez, M.D., P.A.
W99000004729

Principal Place of Business Mailing Address
800 Palm Avenue
Suite A
Hialeah, Fl 33010

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt #, etc.
 City & State
 Zip Country

REINSTATEMENT 95-99

4. Date Incorporated or Qualified To Do Business in Florida **10/7/87**

5. FEI Number **65-0008321** 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)

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
P/S	Luis G. Martinez	800 Palm Ave. Ste. A	HIALEAH, FL 33010

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-03/05/99--01005--010
*****1350.00 ***1350.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
 Name **LUIS G. MARTINEZ**
 Street Address (P.O. Box Number is Not Acceptable)
800 PALM AVE, Ste A.
 Suite, Apt #, Etc.
HIALEAH, FL 33010
 City **Hialeah** State **FL** Zip Code **33010**

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 **2/24/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/15/99** Daytime Phone # **305-887-1616**

CRZ/EAC (1/98)