

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **M77185**

1. Corporation Name

MERVYN S. RIVIERE MD PA

FILED

01 MAY 14 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

11490 Quail Roost Drive

Suite, Apt. #, etc.

3. Mailing Office Address

11490 Quail Roost Drive

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33157

Country

USA

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/14/88

5. FEI Number

65-0044508

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

MERVYN S. RIVIERE

800004425408-6

-06/18/01--01125--016

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

11541 SW 125 STREET

*****1800.00 ***1800.00**

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5-7-01

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	MERVYN S. RIVIERE	11541 SW 125 ST.	MIAMI FL 33176
	1650.00 - Adm		
	61.25 - AR		
	88.75 - AR SUPP		

REINSTATEMENT

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] **MERVYN S. RIVIERE**

5/7/01

305 255 8009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/00)