

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N000000002029

10 OCT -8 AM 11:00

1. Corporation Name

FRATERNIDAD MEDICA 1951 "LOS
TIGRES", INC.

KS

400186466834
10/08/10--01004--014 **481.25

REINSTATEMENT 06-10

2. Principal Office Address - No P.O. Box #

801 BRICKELL Bay Dr.

Suite, Apt. #, etc.

SUITE 565

City & State

Miami FL

Zip

33131

Country

USA

3. Mailing Office Address

801 BRICKELL Bay Dr.

Suite, Apt. #, etc.

SUITE 565

City & State

Miami FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651012829

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 OSCAR J. Ruiz

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

801 BRICKELL Bay Dr.

Suite, Apt. #, Etc.

SUITE 565

City

Miami

State

FL

Zip Code

33131

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Oscar Ruiz

Date 10-6-10

REGISTERED AGENT MUST SIGN

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
P	FLORENCIO ROIG	3190 SW 99 CT	Miami FL 33165
T	OSCAR J. RUIZ	801 Brickell Bay Dr. # 565	Miami FL 33131
S	TAMARA GARCIA-SOMARRIGA	1769 SW 138 AVE	Miami FL 33175

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 contained in Chapter 119, 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:

Oscar Ruiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-6-10

Date

Daytime Phone #