

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
----------------------------------	---

DOCUMENT # **N51417**

1. Corporation Name **ACADEMIA IBEROAMERICANA DE NEUROLOGIA PEDIATRICA, INC.**

Principal Place of Business 3200 SW 60th COURT SUITE 302 MIAMI, FL 33155	Mailing Address 7751 SW 26th STREET MIAMI, FL 33155
--	---

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

FILED
99 NOV 29 PM 4:46
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT *96-99*

4. Date Incorporated or Qualified To Do Business in Florida 10/21/1992	SP Applied For Not Applicable
5. FEI Number 65-0368734	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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/D	JAIME CAMPOS, MD	Diego de Leon 59 1 A,	28006 Madrid, Spain
VP/D	RICARDO ARCHILA, MD	Instituto Clinico La Fla. Final Norte, Ave. Los Salmares La Fla. Caracas, Venezuela.	
S/D	JOAQUIN PENA, MD	Calle 42 # 15-18 Urbanizacion Canaima	Maracaibo, Venezuela
T/D	FERNANDO MULAS, MD	Calle Guardia Civil 20 Residencial Parque Univ.	46020 Valencia, Spain.
D	Luis A. Alvarez, MD	3200 SW 60th Ct Suite 302 Miami, FL 33155	MIAMI, FL USA

8. Name and Address of Current Registered Agent

**Nancy Ortiz
7751 SW 26th Street
Miami, FL 33155**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

000003073020--4
-12/16/99-01067--021
******420.00**
FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **9-16-99**

11. This corporation owes 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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Alvarez, Director 9/15/99

Date

Daytime Phone #

(305) 663-8435

CR2E061 (12/98)