

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

Mailing Address

**3200 SW 60TH COURT, SUITE 302
MIAMI FL 33155**

**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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Date Incorporated or Qualified
To Do Business in Florida

10/21/1992

5. FEI Number

65-0368734

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CAMPOS, JAIME MD	DIEGO DE LEON 59 1A 28006	MADRID SPAIN
VPD	ARCHILA, RICHARD MD	INSTITUTO CLINICO LA FLA FINAL N	LOS SALMARES CARACAS VENEZUELA
SD	PENA, JOAQUIN MD	CALLE 42 #15-18 URBANIZACION CAN	MARACAIBO VENEZUELA
TD	MULAS, FERNANDO MD	CALLE GUARDIA CIVIL 20 RESIDENTI	46020 VALENCIA SPAIN
D	ALVAREZ, LUIS A	3200 SW 60TH CT SUITE 302	MIAMI FL 33155

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ORTIZ, NANCY
7751 S.W. 26TH STREET
MIAMI FL 33155**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1-18-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-02 (301) 261-5456

02 FEB -6 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300004926763--3
-02/14/02--01068--008
*****236.25 *****236.25

REINSTATEMENT

2001-2002

CR20040 (801)

Charter Number Only

VALIDATION ONLY

1/31/02

Ortiz & Robles Garcia

Requestor's Name

3075 NW 107 Avenue

Address

Miami, FL 33172

City

State

ZIP

Phone

2824A

477-9319

CORPORATION(S) NAME

Academia Iberoamericana de neurologia
Pediatria

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☒ Limited Partnership

☐ Annual Report

☐ Other

☒ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☒ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

RECEIVED
02 FEB - 1 AM 9:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier