

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N96000003693**

1. Corporation Name

PANAMANIAN AMERICAN MEDICAL ASSOCIATION, INC.

Principal Place of Business

3661 S MIAMI AVE
SUITE 609
MIAMI FL 33133

Mailing Address

3661 S MIAMI AVE
SUITE 609
MIAMI FL 33133

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

2. New Principal Office Address, If Applicable

9549 Sunset Drive

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Same

Zip

33173

Country

USA

Zip

Same

Country

Same

REINSTATEMENT

98-99

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1996

5. FEI Number

65-0897007

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/D	REYNA, ROBERTO CONSTANTINO COSTARANGOS	3661 S MIAMI AVE STE 609 9549 SUNSET DRIVE	MIAMI FL 33173
VP/D	HENRIQUEZ, GABRIEL Jose Esposito	11001 SW 26 ST 2931 SW 22ST	MIAMI FL Coral Gables 33145
S/D	HOOS, ANN Alma Sanjur	7000 SW 53 LANE 17330 NW 7TH AVE SUITE 404	MIAMI FL 33169
T	JAEN, JOSE Joseph Chi	7100 W. 20 AVE STE G126 1190 NW 95th Suite 100	MIAMI FL 33150
D	SOTO, DALISA	40500 NW 51 TERR	MIAMI FL 33173
D	QUINTERO, LUIS	420 S. DIXIE HWY	MIAMI FL 33133

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REYNA, ROBERTO MD 3661 S MIAMI AVE SUITE 609 MIAMI FL 33133	CONSTANTINO COSTARANGOS MD 9549 Sunset Drive MIAMI FL 33173	Name CONSTANTINO COSTARANGOS MD Street Address (P.O. Box Number is Not Acceptable) 9549 Sunset Drive Suite, Apt. #, Etc. 500002905275--5 City MIAMI FL	500002905275--5 -06/15/99--01070--019 *****8, State *****8, 35 FL 33173
--	---	---	--

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

Constantino Costarangos
REGISTERED AGENT MUST SIGN

Date

TB
10-10-99

11. This corporation owes or has paid 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:

Constantino Costarangos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)