

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION  
FOR  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000005908

1. Corporation Name

GOOD SHEPHERD PRIMARY CARE, P.A.

Principal Place of Business

Mailing Address

4711 CURRY FORD ROAD  
SUITE C  
ORLANDO FL 32812

4711 CURRY FORD ROAD  
SUITE C  
ORLANDO FL 32812

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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/19/2000

5. FEI Number

59-3619883

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	AVILES, MARIBEL	4711 CURRY FORD ROAD	ORLANDO FL 32812

600008601596

10/25/02--01116--012 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AVILES, MARIBEL  
4711 CURRY FORD ROAD  
SUITE C  
ORLANDO FL 32812

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Maribel Aviles*  
REGISTERED AGENT MUST SIGN

Date 10.21.02

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:

*Maribel Aviles*  
MARIBEL AVILES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10.21.02

CR2E040 (8/02)

<GSPC>

# Good Shepherd Primary Care, P.A.

Maribel Aviles, M.D.  
Diplomate, American Board of Family Practice

October 21, 2002

State of Florida  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Federal Employee I.D. 59-3619883

Dear Sir:

I respectfully request that the reinstatement fee be waived for the corporation Good Shepherd Primary Care, P.A. I did not receive the two prior uniform business report (UBR) notices.

Enclosed please find a check in the amount of \$158.75 to cover the \$150.00 for a for-profit corporation and \$8.75 additional fee required for certificate of status along with the application for reinstatement.

Please contact me if any additional information is needed at the above address or feel free to call the above telephone number.

Sincerely,

  
Maribel Aviles M.D.