

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JUN 19 PM 3:14  
NOT RECORDED

DOCUMENT # P00000011340

**1. Corporation Name**

CARRIE Landess M.D P.A.  
100 NW 170th ST.  
Suite 206  
NMB, FL 33169

**2. Principal Office Address**

100 NW 170th ST.

Suite, Apt. #, etc.

206

City & State

NMB, Florida

Zip

33169

Country

U.S.A.

**3. Mailing Office Address**

PO Box 640405

Suite, Apt. #, etc.

City & State

miami, FL

Zip

33164

Country

U.S.A.

REINSTATEMENT 2001-2006

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/27/2000

**5. FEI Number**

650736955

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

CARRIE Landess.

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

6122 NW 175th terr.

Suite, Apt. #, Etc.

City

miami lakes

State

FL

Zip Code

33015.

**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

*Carrie Landess*

Date 06/15/2006.

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	CARRIE Landess	6122 N.W 175th terr.	Miami lakes, FL 33015
M	Yvette Serrano	20640 NE 7th CT	North Miami, FL 33179

000076537690  
06/23/06--01054--005 \*\*1500.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERRANO Yvette

Date

06/15/2006

Daytime Phone #

305 6552800

B. Mitchell JUN 20 2006