

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 27 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000015539

1. Corporation Name

Misales Gonzalez MD, P.A.

2. Principal Office Address

330 SW 27 Avenue

Suite, Apt. #, etc.

304

City & State

Miami, FL

Zip

33135

Country

3. Mailing Office Address

330 SW 27 Avenue

Suite, Apt. #, etc.

304

City & State

Miami, FL

Zip

33135

Country

HR

REINSTATEMENT 01-04

4. Date Incorporated or Qualified To Do Business in Florida

02/14/2000

5. FEI Number

65-0981925

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

Gonzalez, Misael

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

330 SW 27 Avenue

Suite, Apt. #, Etc.

304

City

Miami

State

FL

Zip Code

33135

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

Misael Gonzalez

Date

2/20/04

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
DP	Gonzalez, Misael D	330 SW 27 Avenue	Miami, FL 33135

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03/23/04--01064--014 **1200.00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Misael Gonzalez

2/20/04

Date

(301) 448-1648

Daytime Phone #

CR2E081 (10/02)