

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -2 AM 11:51

DOCUMENT # P00000024462

1. Corporation Name

DENNIS A CORTES M.D. P.A.

REINSTATEMENT

03-06

CR2E081 (12/05)

2. Principal Office Address 601 NORTH FLAMINGO ROAD		3. Mailing Office Address 601 NORTH FLAMINGO ROAD	
Suite, Apt. #, etc. 403		Suite, Apt. #, etc. 403	
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL	
Zip 33028	Country BROWARD	Zip 33028	Country BROWARD

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0998797	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name DENNIS A CORTES	
Street Address (P.O. Box Number is Not Acceptable) 601 NORTH FLAMINGO ROAD	
Suite, Apt. #, Etc. 403	
City PEMBROKE PINES	State / Zip Code FL 33028

900078487909
08/08/06--01063--014 **\$600.00

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

[Signature]

Date 5-11-06

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
PRES	DENNIS A CORTES	601 NORTH FLAMINGO RD #403	PEMBROKE PINES, FL 33028

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

[Signature]

5-11-06 9544356211

Date

Daytime Phone #



2072

Dennis A. Cortes, M.D.
Diplomate American Board of Internal Medicine

July 27, 2006

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

Enclosed please find our check #2951 in the amount of \$600.00 to reinstate the corporation for the past four years 2003, 2004, 2005, and 2006.

This office did not receive the annual reports for the past years. Upon further review, we noticed the address the Department of State has on record is wrong. We are certain the mail was undelivered and sent back to your office. We are asking that both the address is changed to our new office and the \$500 penalty be waived.

In advance, thank you for your attention in this matter.

Sincerely,


Dennis A Cortes M.D.