

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 21, 2003 8:00
Secretary of State

DOCUMENT # P000000025236

1. Corporation Name
EDUARDO CORTES, D.O., P.A.

2. Principal Office Address
3924 9th AVE W

3. Mailing Office Address
3924 9th AVE W

Suite, Apt. #, etc.

City & State
BRADENTON FL

Zip Country
34205 U.S.A.

5-16-01 90240 015 150.00
2-19-02 01016 016 150.00

4. Date Incorporated or Qualified To Do Business in Florida 3-10-00

5. FEI Number 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 C. EDUARDO CORTES
Street Address (P.O. Box Number is Not Acceptable) 3924 9th AVE W
Suite, Apt. #, Etc.
City BRADENTON
State FL Zip Code 34205

600014451096
03/21/03--01064--005 **750.00

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 _____ Date 3-18-03
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
PD	EDUARDO CORTES	3924 9th AVE W	BRADENTON FL 34205

REINSTATEMENT 01-03

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: C. EDUARDO CORTES 3/18/03 941-746-1149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

Cortes Family Physicians, P.A.
family practice



March 18, 2003

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

RE: Eduardo Cortes, D.O., P.A.
P00000025236

To whom it may concern:

Attached you will find the Corporation Reinstatement form for the above referenced corporation. In May of 2001 a payment was made of \$150.00. February of 2002 another payment of \$150.00 was made, totaling \$300.00 being paid for the two years. The reinstatement fee now is \$1050.00 minus the \$300.00 equals \$750.00 which you will find on the enclosed check.

Sorry for any inconvenience.

A handwritten signature in black ink, appearing to be 'E. Cortes', written over a circular stamp or mark.

Eduardo Cortes, D.O.