

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 16 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000039131**

1. Corporation Name

DIGNA M. ACOSTA M.D., P.A.

Principal Place of Business

9750 N W 33 ST
212
CORAL SPRINGS FL 33065

Mailing Address

9750 N W 33 ST
212
CORAL SPRINGS FL 33065

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2456 NW 33 ST
Suite, Apt. #, etc. **—**

3. New Mailing Office Address, If Applicable

2456 NW 33 ST
Suite, Apt. #, etc. **—**

City & State

CORAL SPRINGS FL
Zip **33065** Country **USA**

City & State

CORAL SPRINGS FL
Zip **33065** Country **USA**



REINSTATEMENT

OR

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/2000

5. FEI Number

65-1000442

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| MDPD | ACOSTA, DIGNA M | 9750 NW 33 ST STE 212 | CORAL SPRINGS FL 33065 |
| CEO | ACOSTA, DIGNA M | 9750 NW 33 ST STE 212 | CORAL SPRINGS FL 33065 |
| VPS | OMAR, JORGE | 2456 NW 97 LN | CORAL SPRINGS FL 33065 |
| | | | |
| | | | |
| | | | |

000009529780
12/16/02--01104--003 **750.00

8. Name and Address of Current Registered Agent

ACOSTA, DIGNA M
2456 NW 97TH LN
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

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

Digna Acosta
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/15/02

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:

Digna Acosta
SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/02
954-6954014
954-22954757
2517