

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -5 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000042997

1. Corporation Name

RICARDO MARINO-ALEMANY, M.D., P.A

2. Principal Office Address

777 EAST 25 STREET

Suite, Apt. #, etc.

509

City & State

HIALEAH, FL

Zip

33013

Country

3. Mailing Office Address

777 EAST 25 STREET

Suite, Apt. #, etc.

509

City & State

HIALEAH, FL

Zip

33013

Country

REINSTATEMENT 0304

**4. Date Incorporated or Qualified
To Do Business in Florida 4-27-00**

5. FEI Number
65-1007431

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

RICARDO MARINO-ALEMANY

Street Address (P.O. Box Number is Not Acceptable)
777 EAST 25 STREET

Suite, Apt. #, Etc.
509

City
HIALEAH

State
FL

Zip Code
33013

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

3/29/04

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
P	RICARDO MARINO-ALEMANY	777 EAST 25 ST. SUITE 509	HIALEAH, FL 33013

000031808330
04/05/04 01015 024 **300.00

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

3/29/04

Date

Daytime Phone #

CR2E081 (01/04)