

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 DEC 27 PM 3:53

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000045332

1. Corporation Name

Jorge O. de Moya, M.D., P.A.

11400 N. Kendall Drive  
same

2. Principal Office Address

11400 N. Kendall Drive

3. Mailing Office Address

same

Suite, Apt. #, etc.

214

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33176

Country

USA

Zip

Country

12/10/04 01033 012 250.00  
12/27/04 01091 018 150.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1006740

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

Jorge de Moya, MD

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

12930 SW 108th Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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 12/21/04

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	Jorge Oscar de Moya, MD	11400 N. Kendall Drive Ste. 214	Miami, FL 33176

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

12/21/04

Date

305-273-5511

Daytime Phone #

CR2E081 (01/04)

12/27/04