

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000062638**

1. Corporation Name

MARIA C. SOTO-AGUILAR, M.D., P.A.

Principal Place of Business

14153 YOSEMITE DR. STE #201
HUDSON FL 34667

Mailing Address

14153 YOSEMITE DR. STE #201
HUDSON FL 34667

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2000

5. FEI Number

59-3655471

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

800023957078
10/20/03-01057-018 **150.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | SOTO-AGUILAR, MARIA C | 14153 YOSEMITE DR, STE #201 | HUDSON FL 34667 |
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8. Name and Address of Current Registered Agent

SOTO-AGUILAR, MARIA C MD
14153 YOSEMITE DR, STE #201
HUDSON FL 34667

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

Maria C. Soto-Aguilar, MD

REGISTERED AGENT MUST SIGN

Date 10/16/03

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:

Maria C. Soto-Aguilar, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/03

Date

(727) 697-2150

Daytime Phone #

CR2E040 (7/03)

María Cristina Soto-Aguilar, M.D., P.A.

**ALLERGY, RHEUMATOLOGY AND CLINICAL IMMUNOLOGY
PEDIATRIC AND ADULT**

14153 Yosemite Drive, Suite 201 • Hudson, FL 34667 • Telephone (727) 697-2150 • Fax (727) 863-4757

October 16, 2003

Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 3234-6327

RE: Document # P00000062638

To Whom It May Concern:

I am writing to inform you that I did not receive the two prior uniform business report notices that were apparently sent. I am enclosing a check in the amount of \$150.00 to maintain my active corporation status.

If you should have any questions please feel free to contact me.

Sincerely,

María C. Soto-Aguilar

Maria C. Soto-Aguilar, M.D.