

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 25 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000078930

1. Corporation Name

DOCTORS HEALTH GROUP N.W. INC.

REINSTATEMENT 08-10

400173151994

03/25/10--01037--023 **450.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

881 E. 2 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

881 E. 2 AVENUE

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33010

Country

US

Zip

33010

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 08/14/2000

5. FEI Number

65-0485918

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

ANGEL F. MENDEZ

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

881 E. 2 AVENUE

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33010

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 3/19/2010

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	ANGEL F. MENDEZ	881 E. 2 AVENUE	HIALEAH, FL 33010
S	EDDIE MOR	881 E. 2 AVENUE	HIALEAH, FL 33010

203/26

10. E-mail Address:

(To be used for future annual report notification)

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, I further certify 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:

PRESIDENT

3/19/01

305-822-3306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #