

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Keith R. Harris
 Secretary
 DIVISION OF CORPORATIONS



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 24 PM 6:23

DOCUMENT # P00000085924

1. Corporation Name

GONZALO A GONZALEZ, M.D., P.A.

Principal Place of Business

Mailing Address

108 PEBBLE BEACH BLVD., SOUTH
 SUNCITY CENTER FL 33573

108 PEBBLE BEACH BLVD., SOUTH
 SUNCITY CENTER FL 33573



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3671578

Applied For

Not Applicable

City & State

City & State

Brandon, FL

Zip

Country

Zip

Country

33509-2179 USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GONZALEZ, GONZALO A	3807 SPRUCE PINE DRIVE	VALRICO FL 33594

100004678831--0
 -11/14/01--01066--004
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, GONZALO A
 3807 SPRUCE PINE DRIVE
 VALRICO FL 33594

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

AD

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Gonzalo Gonzalez
 President

Date

10/16/01

Daytime Phone #

(813) 633-6550

CFR2040 (8/01)

GONZALO A. GONZALEZ, M.D., P.A.
P.O. Box 2179
Brandon, FL 33509-2179

CERTIFIED LETTER WITH RETURN RECEIPT

October 16, 2001

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314-6327

Document # P00000085924

Gentlemen:

Enclosed please find our check in the amount of \$ 150.00 dated October 16, 2001 for the filing of our Annual Uniform Business Report as per the instructions received by one of your department's operators.

As per our telephone conversation, we never received the prior reports issued by your institution. For that reason, I have corrected our mailing address for your records.

Your prompt reinstatement of our corporation will be greatly appreciated.

Truly yours,
GONZALO A. GONZALEZ, M.D., P.A


Gonzalo Gonzalez
President