

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000087615

01 NOV -2 AM 8:30

1. Corporation Name

JOSE L. AVILA, MD, PA

2001  
UBR

Principal Place of Business

4909 S.W. 36TH AVENUE  
HOLLYWOOD-FL 33312  
FT. LAUDERDALE

Mailing Address

4909 S W 36TH AVENUE  
HOLLYWOOD-FL 33312  
FT. LAUDERDALE



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

2. New Principal Office Address, If Applicable

4909 SW 36TH AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4909 SW 36TH AVE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

09/15/2000

5. FEI Number

651054586

Applied For

Not Applicable

City & State  
FORT LAUDERDALE FL

Zip  
33312

Country  
USA

City & State  
FORT LAUDERDALE FL

Zip  
33312

Country  
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Dr. Jose L. Avila	4909 S.W. 36th Avenue	Ft. Lauderdale, FL 33312
Dir.			

800004696908 -7  
-11/28/01--01031--019  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

AVILA, JOSE L.  
8801 S. OCEAN DRIVE  
APT. 80  
HOLLYWOOD FL 33019

9. Name and Address of New Registered Agent

Name  
Avila, Jose L.  
Street Address (P.O. Box Number is Not Acceptable)  
4909 S.W. 36 AVE.  
Suite, Apt. #, Etc.  
City  
FT. LAUDERDALE  
State  
FL  
Zip Code  
33312

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

REGISTERED AGENT MUST SIGN

Date

10/23/01

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

10/23/01

Date

(305) 788-6362

Daytime Phone #

CR2E040 (8/01)

2 of 2

**Susan R. Hantman**  
Certified Public Accountant  
1111 Lincoln Road, Suite 870  
Miami Beach, Florida 33139

Miami Beach  
Tel.: 305 / 673-3335  
Fax: 305 / 672-5671

North Dade  
Tel.: 305 / 935-9462  
Fax: 305 / 935-2232

October 29, 2001

Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Jose L. Avila, MD, PA

Dear Sir or Madam:

The above corporation has requested that I respond to the Notice of Administrative Dissolution or Revocation. Please be aware that Dr. Avila has never received either the initial or late form for the 2001 Profit Corporation Annual Report in order to renew his corporation.

In accordance with our recent telephone conversation with your office, enclosed is a check in the amount of \$150. payable to the Department of State representing the annual report fee for the above corporation along with the signed and updated Application for Reinstatement.

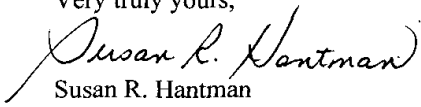
We respectfully request the abatement of any late fees for reasonable cause since the corporation did not receive the first or second notice. The correct mailing address for this corporation is 4909 S.W 36<sup>th</sup> Avenue, Ft. Lauderdale, Florida 33312.

We have corrected the registered agent address on the form, where indicated.

It would be greatly appreciated if you would take our request into consideration and reinstate this corporation.

Thank you for your attention to this matter.

Very truly yours,

  
Susan R. Hantman  
Certified Public Accountant

Enc.

Cc: Dr. Jose L. Avila