

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -9 AM 11:36

DOCUMENT # P00000097977

1. Corporation Name

DR. A. C. OQUENDO, MD. PA.

REINSTATEMENT 01-04

2. Principal Office Address

3820-B 5TH AVENUE N

Suite, Apt. #, etc.

3. Mailing Office Address

3820-B 5TH AVENUE N

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33713

Country

USA

City & State

ST. PETERSBURG, FL

Zip

33713

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2000

5. FEI Number

593677189

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

ANA OQUENDO, MD

800043609988

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

4849 QUEEN PALM TERRACE NE

12/23/04--01028--001 **1200 00

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33703

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

Ana Oquendo
REGISTERED AGENT MUST SIGN

Date 12/08/2004

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	Oquendo, ANA	3820-B 5th Avenue N	St. Petersburg, FL

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.

ANA C. OQUENDO, MD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/08/2004 (727)3237901

Date

Daytime Phone #