

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 OCT 18 AM 9:28

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000101155

1. Corporation Name

R & P MEDICAL CENTER, INC.

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

10710 SW 38 ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33165

Country

US

Zip

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 10/27/2000

5. FEI Number  
65-1054900

☐ 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

MARQUEZ, CARIDAD

Street Address (P.O. Box Number is Not Acceptable)  
11880 SW 40TH STREET

Suite, Apt. #, Etc.  
SUITE 304

City

MIAMI

State

FL

Zip Code

33175

000186316220  
10/5/10 01031 012 754.00  
200186799872  
10/18/10--01053--003 \*\*150.00

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

Date

REGISTERED AGENT MUST SIGN

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
PD	MARQUEZ, CARIDAD	11880 SW 40 ST #304	MIAMI, FL 33175

B 10/19/10  
09-10

REINSTATEMENT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/10