

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 12 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000117697

1. Corporation Name

EDUARDO E. PASCUAL, M.D., P.A.

Principal Place of Business

3450 E. FLETCHER AVENUE  
TAMPA FL 33613

Mailing Address

13606 WATERFALL WAY  
TAMPA FL 33624



REINSTATEMENT

02

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite 110

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

3450 E. Fletcher Avenue

Suite, Apt. #, etc.

Suite 110

City & State

Tampa, FL

Zip

33613

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/2000

5. FEI Number

59-3693032

Applied For

Not Applicable

6.

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
P	PASCUAL, EDUARDO E	13606 WATERFALL WAY	TAMPA FL 33624
			700009238327 11/27/02--01042--002 **750.00

8. Name and Address of Current Registered Agent

AYLWARD, ROBERT E  
600 S. MAGNOLIA AVENUE  
SUITE 100  
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name: Eduardo E. Pascual  
Street Address (P.O. Box Number is Not Acceptable): 3450 E. Fletcher Ave,  
Suite, Apt. #, Etc.: Ste 110  
City: Tampa  
State: FL  
Zip Code: 33613

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/10/02

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  
Eduardo E. Pascual

Date

11/11/02

Daytime Phone #

CR2E040 (9/02)