

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 JUL 05 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000007703

1. Corporation Name

Consultants in Family Medicine, Inc

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

10271 SW 72 Street

Suite, Apt. #, etc.

D102

City & State

Miami, Florida

Zip

33173

Country

USA

3. Mailing Office Address

10271 SW 72 Street

Suite, Apt. #, etc.

D102

City & State

Miami, Florida

Zip

33173

Country

USA

**REINSTATEMENT** 09-13

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/22/2001

5. FEI Number

651075071

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

Jorge E. Alonso

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

782 NW 42 Avenue

Suite, Apt. #, Etc.

Suite 641

City

Miami

State

FL

Zip Code

33126

500249523975  
07/05/13--01035--020 \*\*1350.00

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

REGISTERED AGENT MUST SIGN

Date

7/2/13

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/S/D	Enrique S. Fernandez	10271 SW 72 Street #D102	Miami, Florida 33173

10. E-mail Address: Jealaw@Bellsouth.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony, as provided for in s.817.155, F.S.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/13

Date

(305) 445-1177

Daytime Phone #