Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305)599-0839
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CORPORATION REINSTATEMENT

ANTONIO FRANCO, M.D., P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,350.00

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DIVISION OF CORPORATIONS

09 AUG 11 AM 8:55

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000016551

1. Corporation Name

Antonio Franco MD PA

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10255 NW 9 Street Cir.	10255 NW 9 Street Cir.
Suite, Apt. #, etc. # 503	Suite, Apt. #, etc. # 503
City & State Miami, Fl	City & State Miami, Fl
Zip 33172 / Country USA	Zip 33172 / Country USA

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business In Florida 02/13/2001

5. FEI Number 65-1110862 ☐ 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: Antonio Franco

Street Address (P.O. Box Number is Not Acceptable): 10255 NW 9 Street Cir.

Suite, Apt. #, Etc.: # 503

City: Miami | State: FL | Zip Code: 33172

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: X _____ Date 08/07/2009

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
P	Antonio Franco	10255 NW 9 Street Cir. # 503	Miami, FL 33172

B 8/12/09

REINSTATEMENT 05-09

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 contained in Chapter 119, 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: X _____ 08/07/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #