

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -2 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000029168**

1. Corporation Name

**NORA DIEGUEZ, PH.D., P.A.**

Principal Place of Business  
2801 PONCE DE LEON BLVD.  
SUITE 780  
CORAL GABLES FL 33114

Mailing Address  
P.O. BOX 14-2064  
CORAL GABLES FL 33114



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

**REINSTATEMENT 03**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/20/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1094027

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	DIEGUEZ, NORA PH.D	P.O. BOX 14-2064	CORAL GABLES FL 33114

600025939566  
01/02/04 01853 010 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIEGUEZ, NORA PH.D  
2801 PONCE DE LEON BLVD.  
SUITE 780  
MIAMI FL 33134

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

12/31/03

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/03

Date

Daytime Phone #

CR2E040 (7/03)