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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUL 14 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO1000038373

**1. Corporation Name**

First Step Pediatrics, Arturo Espinal M.D., P.A.

~~408000030673~~

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

10524 W. Flagler st

Suite, Apt. #, etc.

City & State

Miami, Fl

Zip

33174

Country

Dade

**3. Mailing Office Address**

same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

050665450

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

Arturo Espinal M.D. PA

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

10524 W. Flagler ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33174

**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

*[Signature]* MD PA  
REGISTERED AGENT MUST SIGN

Date

7/14/08

**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
medical	Arturo Espinal M.D.	10524 W. Flagler st	miami fl. 33174

000131673500  
06/25/08--01006--013 \*\*1650.00

\$1050.00

**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:**

*[Signature]* MD, PA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/14/08 (305) 221-7041  
Daytime Phone #

REINSTATEMENT 02-08

CR2E081 (12/07)



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**PEDIATRICS**  
Arturo Espinal, M.D.

June 17, 2008

Ref: Document # P01000038373

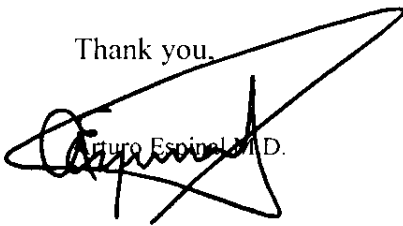
To: Florida Department of State

This letter is in reference to the above mention Document. I Arturo Espinal M.D. Would like to acknowledge if there's a possible way in which my late fees can be waived in order to reinstate my corporation.

I did not make the payments on time, as until this date I haven't received any documents.

If you have any questions please feel free to contact me.

Thank you,



Arturo Espinal M.D.