

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000080988

1. Corporation Name

FELIPE CETINA, D.O., P.A.

Principal Place of Business

Mailing Address

~~291 LONG IRON LOOP~~
~~CELEBRATION FL 34747~~

4014 PROMENADE SQUARE DRIVE APT 4512
ORLANDO, FLORIDA 32837

~~291 LONG IRON LOOP~~
~~CELEBRATION FL 34747~~

4014 PROMENADE SQUARE DRIVE APT 4512
ORLANDO, FLORIDA 32837

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

2. New Principal Office Address, If Applicable

4014 PROMENADE SQ DR.

Suite, Apt. #, etc.

4512

3. New Mailing Office Address, If Applicable

4014 PROMENADE SQ DR.

Suite, Apt. #, etc.

4512

City & State

ORLANDO - FL

City & State

ORLANDO - FL

Zip

32837

Country

U.S.

Zip

32837

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/2001

5. FEI Number

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CETINA, FELIPE	291 LONG IRON LOOP APT 4512 4014 PROMENADE SQUARE	CELEBRATION FL 34747 ORLANDO FLORIDA 32837

8. Name and Address of Current Registered Agent

PAPPAS, PETER C

225 E. ROBINSON ST., SUITE 540

ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

FELIPE A. CETINA

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

4014 PROMENADE SQUARE DRIVE

Suite, Apt. #, Etc.

APT 4512

City

ORLANDO

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

5-23-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-23-03

407-973-5650

CR2E040 (8/02)

Felipe A. Cetina D.O.
4014 Promenade Square Drive Apt 4512
Orlando, Florida 32837
Telephone 407-973-5650

May 22, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

Re: Felipe Cetina D.O. P.A.
Document # P0100080988
Application For Reinstatement

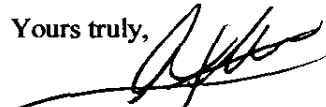
To Whom It May Concern:

Enclosed please find an "Application For Reinstatement" of the corporation noted above of which I am the sole owner.

It is respectfully requested that the late filing fee of \$600- be waived due to non-receipt of requests for filing caused by a change of address as noted on the enclosed application. Filing fees totaling \$300- are attached to the application and represent the fees owed for 2002 and 2003.

Should there be any question, feel free to contact me at the telephone number listed above.

Yours truly,


Felipe A. Cetina D.O.